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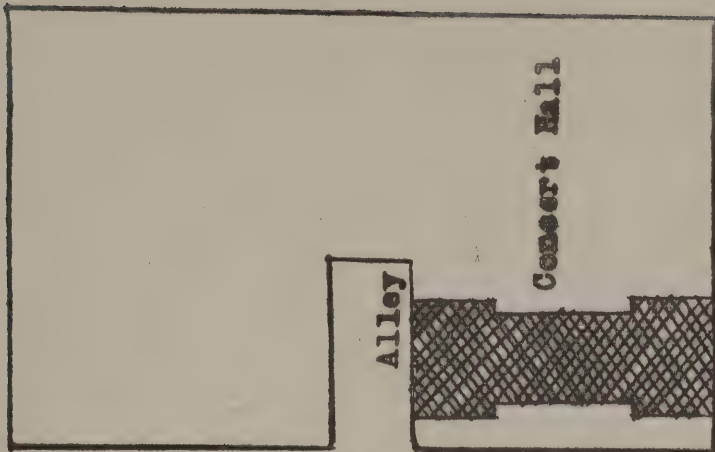
SISTER M. CORNELIUS MEERWALD

Gratefully and affectionately

DEDICATED

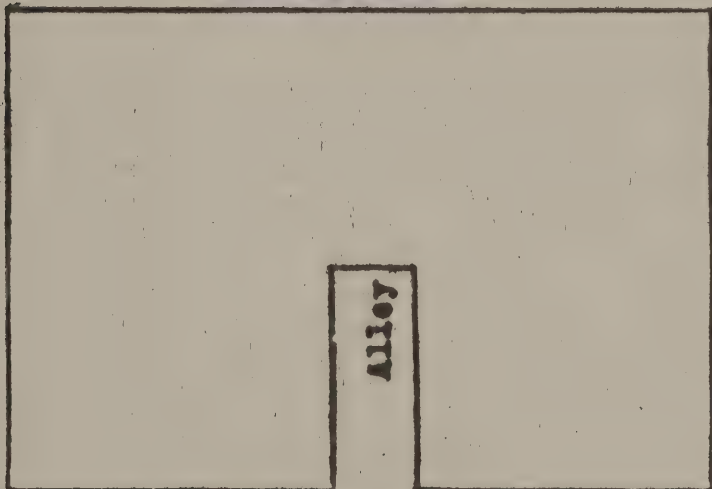
TO THE MEN AND WOMEN past and
present who, with great faith,
resolute courage and consum-
mate skill have produced the
MERCY HOSPITAL of 1961.

LIBERTY AVENUE



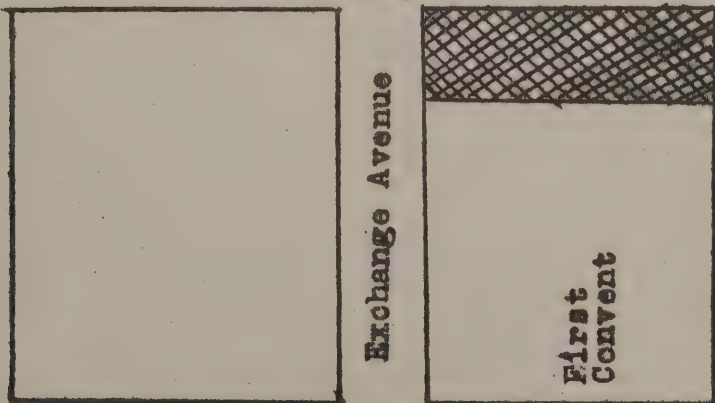
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PENN AVENUE

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(Copied from a Plate Book of 1870)

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THE HISTORY OF MERCY HOSPITAL

CHAPTER I

THE BACKGROUND

As soon as it was decided that Pittsburgh should look to its manufacturers rather than to its agriculturists, its destiny was settled. Prosperity came to it on the wings of the winds and on the waves of its three Rivers. Shortly after 1783, a few enterprising iron-mongers in Pittsburgh floated a few kegs of hand-made nails down the Ohio River to see what would happen. The nails met an eager market in the swiftly growing settlements of Ohio and Kentucky. Soon from a thousand sources down stream came demands for axes, spades, ploughs, wagons, and other iron products. Pittsburgh was quick to see in these demands of the Great West the road to prosperity and wealth. And its manufacturers lost no time in supplying them.

By 1840, the Pittsburgh wharves of the Allegheny and the Monongahela Rivers were in their heyday of commercial activity. Business men delighted to take their stand on week-day mornings on either Pittsburgh wharf and drink in with the River's breath the stirring panorama unrolling before them. There was the River itself heaving and churning from the constant arrival and departure of vessels of every type. There were the paddle wheel and screw propeller steamers, the schooners, sloops, keel and flat boats, besides clumsy arks and barges in the wake of fussy little tugs.

In their docks as far as eye could see were other vessels busily engaged in disgorging hogsheads of molasses, barrels of sugar, bales of cotton, tons of pig-iron, or stowing away whole

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mountains of home-made manufactures destined for markets as far west as the Rockies and as far south as the Indies.

The wharves themselves exhibited scenes no less fascinating. From one end of them to the other bulky mounds of exports and imports were continually in the process of being piled up or torn down by countless carts and drays which, like armies of ants, were unceasingly coming and going, loading and unloading, under the noisy barrage of draymen yelling at their horses, or jollying longshoremen, who worked like beavers under the vigilant eyes of stevedores. All this din of discordant sounds spelt prosperity to the tradesmen of 1840. No onlooker of this busy scene could long have escaped the conviction that the destiny of Pittsburgh lay in its industry and commerce. Less pleasant would have been the reflection that this very commerce could be, and often was, the portal of death to many of the city's residents.

But all this trade and traffic on the River and on the wharves were but the end results of the persistent strain of labor going on within the city. For two decades now the iron lung of Pittsburgh had been belching forth its bituminous breath from the stacks of a hundred mills and factories. Under the growing demand of trade, these beehives of industry were expanding like sunflowers ripening under the summer sun. Individual proprietorship was yielding to corporate partnerships. Stock companies were being incorporated under State laws and were being protected by a "laissez faire" policy of government. Labor, exploited and impotent, organized at best only on a state basis, had begun its endless fight. In 1845 or 1846, labor in Pennsylvania succeeded in getting through the State Legislature a ten-hour working day law. Immediately the cotton factories in the city shut down; the owners contended they could not com-

pete with the New England manufacturers and pay the same wage for ten-hours work that they were paying for twelve. As operatives refused to have their wages peeled down to the ten-hour scale, rioting followed. But in the end management won, for hungry men could not keep up the fight. The law remained, but management made special contracts with their employees thus making the ten-hour law a dead letter for the time being.

Disgusted, American boys and girls who had come to the city dreaming of improving their economic and social conditions left the factories and joined the trekkers going West. In their stead manufacturers were bringing in numberless immigrants from Northern Europe principally. These immigrants came poor, oftentimes undernourished and an easy prey to infection. They too came with dreams, with dreams of freedom and security. They went into the mills and factories; they worked from dawn until dusk in rooms poorly lighted, poorly ventilated, and with no safeguards against hazards to life and limb. Their wages were pitifully low. Their dreams vanished; their morale lapsed; they lived from hand to mouth in shabby tenements, which became breeding places for disease. Normal home life in many instances was denied them, for the women and children had to become bread-winners in order to live. As the population grew the morbidity rate rose, and disease more and more frequently menaced the lives of the citizens.

Industrially, Pittsburgh was fast developing into the Steel Metropolis of the world. Municipally, the city moved into its present electro-mechanical gear at a slower pace. In the 1840's the night watchman was still calling off the hours of the night and the state of the weather; occasionally he relieved the mind of some worried ship-owner with the glad tidings that

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his good ship, so long overdue, had docked safely during the hour. No locomotive whistle, no clanging of street cars disturbed the slumberers as late as 1850. Only perchance chanticleer on his night perch, or the horn of some belated steamer docking in the dark ever broke the age-old night silence of the hills.

There was little travel in those days. People for the most part lived circumscribed lives. The steamboat on the Rivers, the stage coach on the land were the vehicles of transportation, and even of communication until after 1847. For several decades Pittsburgh had boasted of two great lines of coaches linking the city with Philadelphia. The scheduled arrivals of these coaches never failed to draw its quota of curious townspeople eager for a bit of excitement or news. They were there under the sign of the terminal on June 17, 1841. Among the by-standers were a couple of priests; they came forward expectantly as a long blast of the stage horn was heard off in the distance. Soon with the crunching of wheels, the stage coach came into view; with a flourish of the whip, the driver drew up his steaming, foam-covered steeds under the big sign.

As the passengers scrambled out, newspaper men gathered about home-coming citizens to pick up news items from the east. Among the passengers was a dignified looking young priest. Looking about, he spied his confreres pushing towards him; cordial greetings were exchanged and then the new arrival was led to a waiting barouche. Next day the local newspapers informed their subscribers that the Reverend Michael O'Connor of Philadelphia had arrived in Pittsburgh to be Rector of Saint Paul's Catholic Church in the city, and Vicar-General of the Catholics in Western Pennsylvania.

Reverend A.A. Lambing, Catholic historian of Pittsburgh, tells us that the arrival of Father O'Connor in the city "was fraught with consequences not only to the Church in Pittsburgh and to himself, but also to the Church in the entire western part of the State." Father O'Connor was much more modest in chronicling his arrival. In his diary he wrote: "June 17, 1841: arrived in Pittsburgh this day, Thursday; lodging at Mrs. Timmons at \$4.00 per week."

Father O'Connor came to Pittsburgh from Philadelphia where he had been rector of Saint Charles Borromeo Seminary. He was sent to Pittsburgh by his Bishop, the Most Reverend Francis P. Kenrick to be pastor of Saint Paul's Church and Vicar-General of Western Pennsylvania. Since the death of the Very Reverend Charles Maguire, O.S.F., in 1833, this latter office had been vacant. Father Maguire and the Very Reverend Demetrius Gallitzin, "Prince-priest of the Alleghenies", had held his office conjointly until after Bishop Kenrick's consecration in 1830, when Father Gallitzin resigned. Father Maguire died of cholera in 1833.

As Vicar-General, Father O'Connor exercised jurisdiction over thousands of square miles of almost virgin wilderness. Over this section were scattered some 20,000 Catholic souls. While the majority of this number had settled in Allegheny County, there were Catholic settlements as well as isolated Catholic families scattered over the whole area, and their number was increasing year by year. Pittsburgh had three churches and close to 10,000 Catholics with less than a half dozen priests to minister to them. Primitive, indeed, were the conditions Father O'Connor found in his new field of labor.

Education was the battlefield on which Catholicism had to fight in the controversial decades of the mid-nineteenth century. Consequently,

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Father O'Connor was not long in Pittsburgh before he called a meeting of his parishoners at Saint Paul's and proposed to them the building of a boys' school. Already, Saint Paul's had a parochial girls' school taught by the Sisters of Charity from Emmitsburg. Besides the boys' school, Father O'Connor advised the opening of a reading room and a literary society. The purpose of this last was to acquaint the members with history, Scriptures, and the Catholic principles underlying social and economic problems.

Scarcely had the Pastor of Saint Paul's begun work on the school, than the sad plight of the sick poor of the city and sick transients without means to pay for a bed and medical care was brought to his attention. In 1841, Pittsburgh had churches, schools, hotels, shops, theaters, - practically everything that ministers to human needs with one exception: it had no hospital.

Pennsylvania was ahead of many other States in that it had poor laws. Pittsburgh had an almshouse; among the municipal officers was an Overseer of the Poor. In times of depression and epidemics, private individuals and church groups did a magnificent social service to the needy. All this was most commendable, but for the most part such services were only expedients to meet a crisis and no solution to the continual day by day appeals of the homeless and sick poor.

Though he did not cease to push forward his work on the boys' school, Father O'Connor did take time to inform himself on what was being done and what was being left undone for the care of the indigent and homeless in the city. He found that due to the western migration of both immigrants and dissatisfied Americans, Pittsburgh had a large floating population. The city being located at the junction of three Rivers many western trekkers came to Pitts-

burgh to take passage down the River; many were poor and destitute; often they entered Pitts-
burgh sick or else became sick while waiting
for their vessel to sail. It was difficult for
strangers even with money to procure care and
attention when attacked by some sudden or pros-
trating disease, but when they had no money
or friends, the plight of the sick stranger
was sad indeed.

Father O'Connor met public-spirited citizens
of all faiths who had been advocating a hospi-
tal since the cholera of 1832. The people at
large, however, were antagonistic. They had
the idea that a hospital was more of a menace
to the health of the community than a blessing,
hence they obstructed all municipal action in
the matter.

Father O'Connor had no patience with such
an attitude. To him, care of the sick poor
was a Christian duty. Since a hospital alone
could take care of the situation, he would
open one. That took courage. He was an Irish-
man, a Catholic priest, a member of the min-
ority group in a city where Protestantism and
the Native American Party often joined issue
against foreigners and Catholics. But Father
O'Connor was fearless. Once convinced he had
a duty to perform, he never permitted anything
to stand in his way.

But if Father O'Connor was to open a hospital,
it would have to be a Catholic hospital. In
common with all non-sectarian hospitals, the
Catholic hospital strives to meet the highest
standards of medical and nursing service, but
this drive towards progress is a drive for
better and greater service to Christ. The Cath-
olic hospital is conceived as an instrument
which continues down through the ages the
compassion and ministering care to the sick

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which Christ began in His public life. But, our Lord's sympathy for physical suffering was always subordinate to His love for souls. Following His example, the Catholic hospital is careful not to separate the care of sick bodies from the care of souls.

While Father O'Connor was turning over the hospital problem in his mind, his attention was diverted by a visit from his Bishop, the Most Reverend Francis P. Kenrick, Bishop of Philadelphia, whose diocese in 1842 embraced the State of Pennsylvania, the State of Delaware, and a part of New Jersey.

Bishop Kenrick had come to Pittsburgh to make his episcopal visitation of this section of his extensive diocese. Throughout the summer of 1842, accompanied by his Vicar-General, Bishop Kenrick visited one place after another dedicating Churches and administering the Sacrament of Confirmation. There had been a stupendous growth in the Catholic population since his last visit, and His Excellency was more convinced than ever, that there should be a division of his Diocese and the erection of a new one in this section of the State. On his visit in 1835, he had been of this opinion and had proposed the division to the Propaganda of the Faith. Rome approved this in 1836, but due to a canonical impediment, the separation could not be effected. Now again, Bishop Kenrick decided to propose the division of his diocese to the Fifth Provincial Council of Bishops meeting in Baltimore in June. He further proposed to recommend Father O'Connor for the new western Pennsylvania diocese.

Father O'Connor's heart was set on being a missionary priest; it was for this he had come to America. When he realized what was likely to happen, he quickly settled his affairs in Pittsburgh, resigned his Vicar-Generalship, and sailed for Rome in May to intercept any such promotion of himself.

It was necessary for Father O'Connor to go to Rome. At that time the United States had the status of a missionary country; this meant that every priest working in the country was subject to the Sacred Propaganda of the Faith. To obtain his release from the Sacred Propaganda and then to enter the Society of Jesus, thereby escaping the episcopal dignity, was Father O'Connor's purpose in going to Rome.

Father O'Connor was no stranger at the Vatican. He had studied in Rome at the Urban College. After taking his doctorate of Divinity, he had been made assistant rector of the Irish College, where Doctor Paul Cullen, the future Cardinal Primate of Ireland, was rector. He was also well acquainted with Doctor Nicholas Wiseman, rector of the English College, who later as English Cardinal was instrumental in re-establishing the Hierarchy in England. More than all this, he had served in the capacity of "Pope's linguist" hence was known to His Holiness, Pope Gregory XVI. It is little wonder then that Father O'Connor arrived in Rome confident that all his petitions would be granted. But ten months had elapsed since Bishop Kenrick completed his visitation of Western Pennsylvania. Consequently, when Father O'Connor obtained his audience with the Holy Father, though he was warmly received for His Holiness remembered his "linguist", yet when he presented his petitions, Pope Gregory listened kindly, then shook his head and said, "A Bishop first, a Jesuit afterwards."

It was not long after this audience with the Holy Father that three decrees were promulgated: On August 7, 1843, Western Pennsylvania was erected into a Diocese with Pittsburgh as the episcopal city. Four days later Father O'Connor was formally named bishop-elect of Pittsburgh; and again after four

days, on August 15, Father O'Connor was consecrated first Bishop of Pittsburgh, in the Church of St. Agatha, Rome, by His Eminence, Philip Cardinal Franson.

The newly consecrated Bishop did not hurry back to his new Diocese as might have been expected; two years in Western Pennsylvania had acquainted him with its needs. If he were to accomplish even a part of the work awaiting a Bishop in that newly carved Diocese, he had to have workers. He needed many priests to preserve the Faith in the Catholic people, to build up parishes, schools, and charitable institutions. He needed religious, self-sacrificing nuns, to conduct schools for the young, homes for the aged, and hospitals for the sick. There were two religious Congregations already in the field. They were doing a magnificent work, but their numbers were all too few.

To procure priests, therefore, Bishop O'Connor visited monasteries and seminaries on the continent; and for religious women, his two friends, Doctor Cullen and Doctor Wiseman, recommended that he go to Saint Leo's Convent of Mercy in Carlow, Ireland. In that convent, both rectors had relatives. They promised to use their influence. As a result, letters went out from Rome: one was addressed to the Most Reverend Francis Haley, Bishop of Kildare and Leighlin. It was in this Diocese that Carlow was located. Other letters went to Doctor Cullen's uncle, Dr. James Maher, Professor of Theology at Carlow College, and brother of Mother Cecilia Maher, who at that time was the Mother Superior of Saint Leo's Convent of Mercy. In this way, it came about that toward the end of September, Bishop O'Connor made his way to Ireland and to Carlow. He was still looking for priests, but he was coming to Carlow primarily to get Sisters of Mercy.

Carlow is a little town in the southeastern part of Ireland. In 1843 the town had prestige because Saint Patrick's College for Ecclesiastical students for the Home and Foreign Missions was here. This College was more familiarly known as Carlow College. In 1837, on the invitation of its Bishop, Mother McAuley opened a house here with Mother Francis Xavier Warde as Superior.

Already in Ireland in the few decades since the repeal of the Penal Laws religious men and women had been busy opening schools for the children of the poor and of the rich, but the children of the middle class had been left unprovided for. At that date there were social barriers between the classes both on the continent and in the British Isles. The saintly Bishop Nolan in whose diocese Carlow is situated deplored this gap in the rising school system and sent Mother McAuley a pressing invitation to make a foundation of her Congregation in Carlow.

Mother McAuley had the greatest respect for Bishop Nolan; they were kindred spirits in their burning love of God and souls. She realized that what he was asking meant a departure from her original purpose, yet as she prayerfully considered his request she reflected that the Divine Will is usually made known through legitimate authority. Consequently she sent her Sisters to open a school where the pupils would pay a nominal sum for their education.

Saint Leo's as the new foundation was called prospered from the very beginning. That Bishop Nolan was truly the instrument of God directing Mother McAuley into broader fields

has been amply attested by the passage of time. Today Mother McAuley is looked upon in all Ireland as the founder of schools for the middle class.

To provide instructors for the pupils of Saint Leo's school, God drew to this foundation many promising and well-educated subjects. They came from the best Irish families in the land. Both Cardinal Wiseman and Cardinal Cullen had relatives here among whom Mother Francis Warde was one. The culture and learning of these Sisters elevated and ennobled by a deep spirituality produced admirable women capable of doing great things for God.

It was sometime in the summer of 1843, according to Mother Elizabeth Strange, one of the original Seven, that Doctor James Maher, head of the theology department at the College, paid a visit to his sister, Sister M. Cecelia Maher, who was Superior of Saint Leo's at that date. He had received a letter from their nephew, Doctor Paul Cullen, head of the Irish College in Rome. The letter said that Father Michael O'Connor, a priest on the American mission, had recently arrived in Rome. He had come to seek his release from the Propaganda of the Faith in order that he might enter the Society of Jesus. In Vatican circles, however, it was thought that the young priest was doomed to disappointment. A bishopric was awaiting him, and should it come to pass that Father O'Connor would be consecrated Bishop of an American Diocese, he would certainly come to Carlow for priests and Sisters of Mercy.

Mother Elizabeth tells us that the Sisters were all excited at first, but the priests at the Cathedral and College were of the opinion that Bishop O'Connor would do what Bishop England had done in 1820. He would go right back without delay to his new diocese and then in a year or two come back for priests and Sisters. They were not taking into

consideration the fact that Bishop O'Connor had been in the Pittsburgh area for two years and had a pretty clear knowledge of the needs of the Church there.

The Sisters had all but forgotten Doctor Cullen's letter by the time the autumn leaves began to fall. Then on October 1, 1843, Doctor Andrew Fitzgerald, President of Carlow College, died. Doctor Fitzgerald was a benefactor of the Sisters in Carlow despite the fact that he sometimes was quite out of humour with them. On one occasion, the Sisters were entertaining the Bishop and some priests after one of the ceremonies of Professions. They had asked the College for the loan of their silver - knives, forks, and spoons - and had received them. Just before the hour of serving dinner, he sent a messenger to the convent and demanded that the silver be returned immediately. It was returned and the Bishop and clergy gaily ate their dinner using the common ware of the Sisters.

The solemn obsequies for Doctor Fitzgerald were held on October fifth. The Sisters attending the Requiem Mass noticed a strange Bishop in the sanctuary, but knowing the esteem in which the College President was held, they believed him to be a Bishop from some nearby diocese. Imagine the excitement it must have created when on their return from their several duties in the evening they learned the strange Bishop was the American Bishop concerning whom Doctor Paul Curran had written early in the summer. Furthermore, they were told that he and Doctor Hughes had called to see Mother Cecelia that afternoon and that His Excellency was coming next morning to offer the Holy Sacrifice of the Mass for them and to speak to them about his American mission.

After Mass the next morning Bishop O'Connor addressed the Sisters. As he stood before them they were impressed by his natural dignity and benevolent countenance. Bishop O'Connor was a gifted speaker but on this occasion he spoke with disarming simplicity. He told them about his new Diocese. He pictured to them the number of souls that were being lost to the Faith because there were no priests or Sisters to instruct them. He asked only for volunteers, because pioneering was a hard self-sacrificing life. There would be much uphill work laying the foundation with little apparent results, hence there would be need for a sense of humour that can laugh even when skies are darkest. He told them he could promise them no luxuries; yet they would never lack food or shelter.

His Excellency explained that his episcopal city was located at the junction of three rivers making it virtually an inland seaport. Countless transients were constantly passing in and out of the city on their way to an eastern market or to a western farm. Oftentimes these strangers arrived in the city sick or developed some malady while waiting in the city for transportation to their destiny. If they had money they could find the requisite care and attention; but oftentimes among them were poor immigrants and those without the means to purchase such care. Their plight was pitiful indeed. He wanted to open a hospital for this class; he asked for Sister nurses; he wanted teachers too; in fact he needed Sisters to minister to all age groups and to all human ills.

After this talk and a similar one at the College, Bishop O'Connor left Carlow for Dublin leaving both groups free to make their own decision. At Saint Leo's, Mother Cecelia Maher and her council selected six Sisters; a seventh begged to go and was loaned for the time being. To lead the little band, Mother Francis Xavier Warde was appointed. Already she had made four

successful foundations in Ireland: Carlow in 1837, Naas in 1839, Wexford in 1840 and Westport in 1842. One of the earliest companions of Mother McAuley, she was older than the Sisters who had entered at Saint Leo's Convent in Carlow. She had some experience in opening convents and she had her patron saint's burning zeal for the extension of the Church and of the Congregation. To crown all this, she had the happy faculty of accomplishing much in a short time.

Like the first Bishop of Pittsburgh, with whom she was now to work, Mother Francis Warde was endowed in heart and mind above ordinary mortals. Born into a home of wealth and culture as were all of Mother Catherine McAuley's early companions, Mother Francis Warde drew in her Catholic Faith with every breath she took; her beloved father's aggressive Catholicism had postponed the day of his family's eviction from their age-old castle, Belbrook. He had implanted a like spirit in his children which Mother Francis translated into zeal for souls and the preservation and development of a strong living Faith in a Catholic people. Having received a sound finished literary education, Mother Francis, with her gift of language, was admirably fitted for the instruction of adults, a work she assumed soon after settling in Pittsburgh. In every sense, she was worthy of the great honor Time has accorded her: American Foundress of the Sisters of Mercy.

The second Sister chosen for the Pittsburgh mission was Doctor Paul Cullen's niece. Sister M. Josephine Cullen. She was a descendant of a truly Levitical family which through the centuries of persecution had managed to keep their estates, their Faith, and had given priests to the Irish Church. She too, coming from a family that had fought for

their lands and their Faith was equally zealous that the children of Ireland should grow up intelligent and fervent Catholics. In Pittsburgh though she devoted her time to strengthening the Faith in the Irish immigrants.

Sister M. Josephine had not the robust health of Mother Francis Warde. Perhaps this partly explains why her zeal had not the driving power of the American Foundress. For this very reason, she was an admirable assistant to Mother Francis Warde. Sister Josephine resembled Mother Catherine McAuley in her gentleness and kindness which made her alive to every want of her fellow beings and solicitous to relieve them. People loved her. Troubled souls found it easy to pour out their troubles and short comings to Sister Josephine; she always proved an understanding and wise counselor. She was destined to build Saint Xavier's Academy and later to become the superintendent of Mercy Hospital.

Cardinal Wiseman had three first cousins at Saint Leo's. It was a rule of the Irish convents that when a third member of the same family was admitted to a convent, she would go to the first foundation sent out. That was Sister M. Aloysius' position. Her two sisters, Sister M. Rose Strange and Sister M. Elizabeth had preceded her into Saint Leo's. Of course when Sister Aloysius was admitted everyone thought she was destined for some new convent not farther away than England. When Sister Elizabeth realized what was going to happen to her youngest sister, she begged to go with her on the American mission. She was therefore loaned to Pittsburgh. Sister M. Aloysius died in 1847 but Sister Elizabeth never went back to Carlow to live.

Both Sister Elizabeth and Sister Aloysius were highly educated women according to the standards of that day. Both had fine minds; both were talented. Sister Elizabeth was a French scholar; most spiritual books in those days were written in French, a language some of the Sisters could not read; she overcame this handicap by translating a number of them into classic English.

One sometimes runs across one of these translations in the older libraries of the Community, or in the Community archives. Many of the older or first Sisters excelled in printing and in illuminating books. We have a specimen of Sister M. Elizabeth's superior skill in her illumination of the early Pittsburgh Community Register. It is done in colors and is a masterpiece. In the field of education Sister Elizabeth opened our Lady of Mercy Academy and was its first directress.

Sister Aloysius, her sister, lived only two and half years after arriving in Pittsburgh. She was one of the first instructors in Saint Xavier's Academy. Her death occurred in Concert Hall July 6, 1847. She was the first to be buried in the Sisters' temporary cemetery on Boyd's Hill close to the hospital. In 1867 the remains of eight Sisters interred here were exhumed and transferred to the newly laid out cemetery at Saint Xavier's.

Sister M. Veronica McDarby, a professed religious, was chosen because of her capacity for making people happy. Her great-hearted charity, her deep humility, and her mother wit were pillars of strength to the other Sisters when everything on the mission seemed dark and useless. At the early academy, she came to be known as the good Saint Anthony to every Academy pupil who lost her mittens, books, and "gumshoes" as they were called in those days.

There were two white novices in the group of seven. It was Mother Francis Warde's opinion that every new mission should be opened by a community of professed Sisters, Novices, and postulants. We have already spoken of Sister Aloysius who was a white novice. Sister Philomena Reid was the other. Neither of the Novices were physically strong enough to weather the pioneering of the first days in Pittsburgh. Sister Philomena succumbed to tuberculosis on October 2, 1845, twenty-two months after her arrival in Pittsburgh. She died at Saint Vincent's Academy and was buried in St. Vincent's cemetery. In 1867 upon the opening of Saint Xavier's cemetery, her remains were transferred there.

Sister Margaret O'Brien, the seventh of the group was a postulant. At the time of her investiture on February 22, 1844, she was given the name of Sister M. Agatha. She had entered the Congregation for domestic service, despite the fact that she was possessed of a bright mind and a pleasing personality. At the time of her religious profession, Bishop O'Connor transferred her to choir duties. On September 19, 1846, Mother Francis Warde took Sister M. Agatha and five other Sisters to Chicago to make a foundation there. Sister Agatha, only six months professed, was appointed first Superior; today, she is revered as the foundress of the Chicago Community.

These were the seven Sisters appointed for the western mission. When Bishop O'Connor returned to Carlow he was delighted with Mother Cecelia's generosity and the Sisters' apparent enthusiasm. Directing Mother Cecelia to have the Sisters in Dublin on November 2, for his missionary band on the Queen of the West, the last vessel sailing for America before Spring.

This meant there were less than three weeks in which to assemble everything necessary for making a foundation three thousand miles away. The days between October 16 and November 1, were exceedingly busy ones at Saint Leo's. We do not know what the thoughts of the Sisters were as they plied the needle fashioning wardrobes, altar linens, and the like. One thing was common knowledge to them. America was very far away. It would take nearly two months for them to get to their destination; moreover, it would take about three months to receive an answer to their home letters. They were to be cut off from their loved ones indeed. As to the American people: they knew some were savages; they had read all about Isaac Jogues and his companions. And if England's opinion of Americans at that time, when it was somewhat biased due to the outcome of Yorktown, was any criterion, the others were for the most part barbarians.

Since coifs and guimpes could not be laundered aboard ship, it was agreed that the Sisters should assume an indoor dress not unlike the postulant dress today, save that all but the Superior should wear white veils. For outdoor wear, they were to wear the "dark olive green cloak and the black merino bonnet worn by the ladies of Ireland's middle class". Time pressing, Mother Cecilia engaged one of Carlow's most fashionable dress makers to make these cloaks for the Sisters.

This was really a concession to Sister Philomena's mother who was heart-broken over her daughter's assignment to the distant American mission. Parents too made great sacrifices in those days. The dress-maker on her part was so full of sympathy

for the dear Sisters going so far away from home, for so noble a cause, devoted her very best talents to fashioning the cloaks to be worn on so holy a mission.

So industriously had everyone worked that on the Eve of All Saints' Day all trunks were packed, labelled, and sent on their way to Dublin. The Sisters were leaving Carlow on the Feast of All Saints hence the rest of October 30, was spent in taking leave of their parents.

Early next morning, everyone in Carlow was astir. Were not these young men and women leaving for the foreign mission their own sons and daughters? It was a beautiful November morning; the air was almost balmy. First came the Mass which was immediately followed by the impressive departure ceremony, after which everyone hurried home for some breakfast. At the appointed hour Bishop Haley with priests from the Cathedral and from the College, and nearby parishes accompanied by a great multitude of parents, friends, and the poor, came processionally towards the Convent. As they approached, the doors of Saint Leo's swung open, and led by the Mother Superior, the seven missionaries silently came down the steps followed by the weeping Community, and stepped into two coaches awaiting them. At once the procession moved on, the two carriages of the Seven moved slowly behind the procession. All along the way Psalms were chanted, hymns were sung, and litanies were recited. When the limit of the town was reached the procession halted, the people stepped aside so that the two carriages could draw up before the Bishop, who now gave the parting blessing and signalled

the coaches to move on alone. Suddenly the air was rent with the cries of weeping parents and friends. Mother M. Austin Carroll in her Annals tells us: "The day of their departure was one of unfeigned grief for the whole town. Crowds have come to say good-bye. The cries which filled the air made the doleful pageant resemble a funeral procession of olden times."

As the coachman speeded up his horses, the Seven heroically took up the recitation of the Litany, and then followed it by the Rosary. All day long they rode and prayed. That night they spent at Naas; next day at noon they arrived at Baggott Street in Dublin, the birthplace of the Congregation.

Here there was but a few hours in which to visit each spot hallowed by the memory of our Mother Foundress. In the late afternoon they knelt at her grave in the convent garden. She had longed to carry her Congregation to the United States; they were going in her stead; they begged her from her place in Heaven to obtain for them the light and strength to accomplish much for the good of souls in their new country, where the faith was in great danger for lack of religious teachers and priests. Then just as the sun was sliding down the western sky the convent bell rang announcing the arrival of the Bishop and the hour of Benediction. Six seminarians accompanied the Bishop. Before Benediction, His Excellency proposed that the Sisters take the night train to Kingstown, the seaport of Dublin. This railroad was the first and the only one in Ireland in 1843. This request alarmed the Sisters, for they believed the railroad was an extremely perilous mode of travelling.

Consequently, after Benediction the Sisters continued their journey by coach while the Bishop and his group travelled by train. When the Sisters arrived in Kingstown, Bishop O'Connor and his missionaries boarded a packet which, after a night's rough passage landed them safely in Liverpool the next morning.

Rejoicing at the prospect of introducing fourteen new workers into his Diocese, Bishop O'Connor led his little band to the wharf where lay the QUEEN OF THE WEST, the ship that was to carry them to the new world. Here a bit of disappointment awaited him. The day of scheduled sailing had not arrived, so when he attempted to board the ship, an officer deterred him explaining that supplies had not arrived and some passengers had been detained in London. The date of sailing was indefinite, but baggage was being loaded.

THE QUEEN OF THE WEST was a sailing vessel; steamships crossed the ocean as early as 1819; the Cunard Steamship Company began operating in 1839, but full confidence in steam transportation did not come much before the fifties. In 1843 sailing vessel masters were still scoffing at the "teakettles that so often failed to boil in mid-ocean."

Disappointed, Bishop O'Connor turned away to look for residence for his missionaries until sailing time. Fortunately for the Sisters, the Convent of Saint Walburga's had been opened in Liverpool the previous summer by Sisters from the Baggott Street Convent in Dublin. Here the seven received a warm,

gracious welcome and immediately joined the Sisters there in the visitation of the sick in their homes. Here they were destined to remain for ten days, for when the supplies and passengers were ready, the winds were not.

The Bishop was very anxious to get started; he wanted to reach Pittsburgh and get the Sisters settled in their home before Christmas. Great then was his joy, when on the morning of November 10, he came to the convent to say Mass and to announce in person the good tidings that the winds had changed and they would sail at noon. Promptly the Sisters made ready again. Farewells were once more exchanged; then accompanied by His Excellency and Father Wilson, a priest ordained in Rome for the Pittsburgh Diocese, the Sisters left the Liverpool Convent in carriages and were soon at the wharf. An immense crowd had already gathered at the wharf and the arrival of the Bishop's party created quite a sensation, for it was very evident they were a missionary band destined for some foreign mission.

At last all were on board. About noon the QUEEN OF THE WEST slipped away from her moorings and turned her beak towards the west. As the last glimpse of land vanished, tears fell in abundance, but there were no regrets; all were stout of heart and happy to be on their way.

One month to the day - December tenth - the QUEEN OF THE WEST sighted New York Harbor. Mother Elizabeth writes:

Soon the pilot boat appeared; and as it neared us, it was loudly cheered. All was joy and gladness when the pilot came aboard.

The captain gave him a warm handshake; and the management of the ship was now understood to be in his hands until she anchored in the New York Harbor. The docking came late in the evening. The greater number of passengers left the ship that night, among them the Bishop and his seminarians. It was thought best that the Sisters should remain on board until morning. After the others had departed, the Sisters spent some time on deck watching the lights of New York; then they retired happier than they had been for weeks.

When morning dawned, the Sisters discovered the ship's crew had all gone ashore the night before and that now none but caretakers were on board. The culinary department was not operating; it was locked up, and they soon found that no amount of persuasion could win so much as a cup of coffee from anyone.

About ten o'clock, Bishop O'Connor returned accompanied by the most Reverend John Hughes, Bishop of New York, and Reverend William Quarter, Bishop-elect of Chicago, both of whom warmly welcomed the Sisters to the American Mission. Little did they dream the Sisters were celebrating the event with a "black fast." Amidst all the greetings, Bishop-elect Quarter found the opportunity to beg Mother Francis Warde to send Sisters to Chicago to make a foundation there as soon as she could. Since nothing was closer to Mother Francis' heart than the extension of the Congregation, she consented at once.

After the two guests had departed, Bishop O'Connor took the Seven to the Convent of the Sisters of the Sacred Heart on Houston Street, where the illustrious Mother Hardy had recently opened a young ladies' select school. After a rest here, the missionary band travelled to Philadelphia by railroad. This time His Excellency did not consult the Sisters. In Philadelphia the Sisters were guests of the Sisters of Charity.

The stay in Philadelphia was longer, for Bishop O'Connor had considerable business to transact with Bishop Kenrick, who was now transferring the episcopal jurisdiction of the western part of the State to his new brother Bishop. The Sisters were not idle, for the Sisters of Charity were about to open a bazaar and the Seven spent their days sewing, embroidering and helping with the preparations.

When the time came to continue their journey Bishop O'Connor had to divide his band. Stage coaches carried but nine passengers; seats had already been requisitioned, so on the evening of December 17, Bishop O'Connor, Mr. McCullough, Mother Francis Warde and the two novices left Philadelphia on the night train. At Chambersburg, the railroad terminated so they transferred to the stage coach. They travelled the northern route along the Juniata River from Harrisburg, through Lewistown, Huntingdon, Hollidaysburg, Summit, Munster, Ebensburg and Blairstown, arriving in Pittsburgh on the morning of December 20th. Four of the seminarians had been left in the seminary in Philadelphia; the remaining group consisting of Father Wilson, Mr. Tobias Mullen, Sisters M. Josephine, Elizabeth, Veronica and Margaret left Philadelphia on December 18th; they took the day train to Chambersburg; their coach travelled the southern route through Carlisle, Chambersburg, Bedford, Stoyestown, Ligonier, Greensburg, Turtle Creek, and arrived in Pittsburgh in the evening of December 20th. The trip had been made in about fifty-six hours of continuous travelling, night and day; short stops were made at the inns where horses were changed and where passengers could alight and procure refreshments or revive their weary bodies by walking about in the fresh air.

In Pittsburgh, the Sisters again became the guests of the Sisters of Charity for two days. At that date the Sisters of Charity were located on what is now Webster Avenue; here they conducted Saint Paul's parochial school for girls, an academy, and the Diocesan orphanage. The Superior, at the time of the Sisters' arrival was Sister Chrysostom Fisher, a truly great woman whose warm sisterly welcome made the Sisters feel quite at home.

On December 21,* Feast of Saint Thomas, the Apostle, the Seven attended morning Mass in the Cathedral on Fifth and Grant Streets. To them this, their first Holy Mass in Pittsburgh, was the foundation stone of their settlement in Pittsburgh. December 21 has ever since been observed as Foundation Day. Incidentally it was Thanksgiving Day in Pennsylvania. At that time Thanksgiving was not a national holiday; its celebration depended entirely upon the proclamation of the governors of the States.

In the Pittsburgh of 1843, with the exception of a few of the principal streets, no streets in the city were paved, graded, or lighted. It had snowed all day long the day the Sisters were arriving in the city; that night the snow turned to rain making the sidewalks and streets wet, soft and marshy. When the Sisters returned from Mass on their Foundation Day, they found their beautiful cloaks, their habits, and shoes, heavy with the most tenacious black alluvium imaginable; they could not enter the convent; as they stood on the back stoop busily removing the clay, one

* THE PITTSBURGH DAILY CHRONICLE on the morning of December 21, 1843, states: "The friends of the Right Reverend Fr. O'Connor will be glad to learn that he has arrived in our city direct from Rome in good health, and prepared to enter upon his duties of office at once."

Sister remarked: "Isn't it strange His Lordship spoke so much about the smoke yet never mentioned this bog. I think this is far worse than any smoke."

On December 22, Mother Francis Warda and her Sisters opened the first Convent of Mercy in the United States at what used to be 800 Penn Avenue. One hundred years ago this was the residential section of the city; some of the best homes stood here in lovely gardens which sloped away down to the Allegheny River. The sweet smell of boxwood edging the gardens, the solemn quiet peace that pervaded the street spoke respectability and culture.

The first Convent of Mercy was a twelve room brick house. It has been alluded to as the Speer House since it had been rented from Doctor James Speer, a prominent physician and ophthalmologist in the city.

On December 27, Feast of Saint John, the Apostle, Sister Josephine Cullen and Sister Elizabeth Strange inaugurated the work of the visitation of the sick in their homes. The eyes of many a pedestrian must have popped wide open, when for the first time in Pittsburgh they saw these strangely garbed beings enveloped from head to foot in black with long flowing veils over their faces. It was well these Sisters had not yet heard of the Knownothings who were so hostile to Catholics and foreigners. Neither the citizens nor the Knownothings could know that Bishop O'Connor used to boast that "The two Primates of the United Kingdom had contributed to the founding of the Order of Mercy in the United States."

But the people soon grew familiar with these emissaries of mercy, for in a very short time the Sisters were visiting and caring for

the sick in their homes in Pittsburgh, Allegheny, and the suburbs of each.

The visitation of the sick in their homes one hundred years ago was a very different type of service from what it is today. Everything was different then. The world has been changed by the greatest material and scientific century in history. Life and therefore the way of thinking has changed. Pittsburgh was a very young city when the Sisters arrived; it had been incorporated only twenty-seven years before in 1816. Already in those twenty-seven years, Pittsburgh had laid the foundation of its reputation as one of the great manufacturing centers in the country. But city development is an evolutionary process not revolutionary; it takes time, labor, and money to grade, pave, and light streets, hence there were very few graded and paved streets when Sisters Josephine and Elizabeth inaugurated the visitation. The poor they visited could scarcely afford to live on these streets. The Sisters then trod up hill and down hill over the rough stony roads carrying baskets filled with the supplies for their service.

There were no public health nurses, no home visiting nurses for many decades after the Sisters began their public health nursing. It was some time before religious of other Congregations came to Pittsburgh to share this labor. The Sisters often found it necessary to bathe their patients, make their beds, clean the rooms and feed them. When doctors visited the patient, the Sisters carried out their directions; when there was no doctor, then, if the patient was very sick, the Sisters took counsel of Doctor Addison who always had time to see the Sisters and advise them. The Sisters provided the cordials, salves, and other simple remedies; Sister Elizabeth always had a little package of tea for her patients, while her companion provided a bit of soup.

It was not manufacturing and business alone that captivated and stimulated the minds of the more progressive citizens. The juggernaut of progress rumbles down every period of Time widening horizons first in one direction then in another. It is the spirit of youth to pursue what is new and novel in its age. The nineteenth century produced a number of outstanding inventions and discoveries. Pittsburgh citizens with their great civic pride and ambition to make their city second to none in the nation lost no time in introducing them or at least in bringing demonstrations of them to the city.

The daily papers of 1847 carried items on "Laughing Gas." Nitrous oxide, the scientific name for "Laughing Gas" has anesthetic effects. This was not altogether understood at first. In fact the term "anesthesia" could not be found in the old dictionaries. Consequently, there was a grand "Exhibition of the Exhilarating Laughing Gas" in the music hall on Liberty near Wood Street on August 28, 1847. Entertainment was the sole purpose of the demonstration. We read in the GAZETTE of September 1 that "The exhibition came up to the most sanguine expectations that lovers of sport and amusement could ask."

Ether had been discovered and demonstrated in October 1846. It was an American discovery. In 1847 Bell and Simpson discovered choloform in Great Britain. It was the British product that was used first in Pittsburgh. Doctor William M. Wright in January 1848 administered choloform for the extraction of teeth. This is said to have been the first use of anesthesia in Allegheny County. Choloform proved to be a dangerous anesthetic and was soon replaced by ether. Thus the American product came into its own and was the chief general anesthetic for many years. Doctor Wright was a dentist who extracted teeth at fifty cents a tooth. It seems that Doctor Joseph Gazzim was the first general practitioner to use ether. (1848). The operation was not performed in the hospital.

The microscope was another invention that was examined in 1847. J.K. Kennedy brought it from Europe and demonstrated "its use for the benefit of interested citizens." "Something strange", commented the editors of the daily papers, "to see large monsters darting about in that fluid we are accustomed to drink and call pure." A third invention of this period was the magnetic telegraph, the first message of which reached Pittsburgh December 28, 1846. These undoubtedly forecasted the medical revolution which according to some authorities dates from the discovery of the cellular nature of disease. Theodor Schwann was the first to find cells in animal tissue. Rudolf Virchow applied Schwann's discoveries to disease and Henry Christian gives Virchow the credit of introducing "the period of the dominance of structural anatomy." (1828)

To return to Mother Elizabeth who inaugurated the visitation of the sick in 1843. She spent more than fifty years of her life going up and down the streets of the city ministering to the sick poor. It was said she knew every hovel of the poor; certain it is that every poor man, woman, and child knew Mother Elizabeth. When Time had bowed the slight form of the dear Mother, she used to come home distressed lest she had given her companion scandal: "I do not know how they recognize me; I always keep my veil down, yet everyone addresses me by name."

Since no income was derived from the visitation and care of the sick poor in their homes, Mother Francis Warde asked Bishop O'Connor if they might not open a small private school in the basement of their convent to make the Community self-supporting.

The Sisters of Charity already had one such school in the city. Yet as the population of the city was growing His Excellency hesitant at first decided an-

other might not interfere with the one already established. It was not long after His Excellency's attention had been called to the necessity of making the Community self-supporting, that a Henry Kuhn of Westmoreland County offered his farm of 108 acres to the Bishop for the site of the school. It was not exactly an outright gift. There were conditions. Mr. Kuhn was getting old; his wife was dead; he wanted a home and someone to take care of him; he wanted a home for a half-witted woman, who had worked in his family all her life; he expected the education of his grandchildren; and finally he stipulated that the recipient of his acres should establish a foundation of twelve Masses annually for the repose of his soul as long as the property was held.

For a long time, His Excellency had wished to establish in the Diocese a boarding school of higher education for young women of the wealthy classes. There were few such schools in the country, where a superior education could be obtained with a thorough inculcation of Catholic principles and Faith. Here was his chance. He, therefore, proposed to the Sisters that they accept Henry Kuhn's terms and build on his property what is known today as Saint Xavier's Academy. His Excellency explained it would insure a permanent home for the Sisters, it would contribute to their support, and it would give the Diocese a much needed institution.

Mother Francis Warde accepted Mr. Kuhn's conditions and, after the property was handed over, sent Sister Josephine Cullen with four Sisters to open a temporary school in a brick building standing where the Saint Vincent's Archabbey now stands. The school opened on April 28, 1845.

The new Westmoreland County academy had been opened only three months, when the Sisters of Charity withdrew from the Diocese, leaving the Orphanage without care-takers and Saint Paul's parochial school for girls without teachers. As the Sisters of Mercy were now the only religious women in the Diocese, Bishop O'Connor turned to Mother Francis Warde and asked her to supply.

Mother Francis Warde was in a dilemma. The Community had been in Pittsburgh only nineteen months. There had been seven Sisters when they came; they were now fifteen counting the postulants who had just entered. Of these fifteen only eight were teachers and she had divided these between the two academies. What could she do? American young women were not entering in numbers sufficient to meet the growing needs of the Diocese; therefore, she decided she would have to import them. She would make a trip to Ireland and beg the Convents there to aid her. It was decided that the parochial school should remain closed until her return and that a woman and her two daughters should take charge of the orphanage.

Sending all the Sisters in Pittsburgh to Saint Vincent's Academy for the month of August, she sailed for Ireland with Sister Xavier Tiernan, first American postulant as her companion. Here she worked for recruits until late November. Arriving home in late December, she was faced with another problem. The twelve-room house which had been such a pleasant home in 1843, when the Community numbered but seven, was now at the beginning of 1846 much too small. Failing to find a dwelling house commodious enough to house her growing family, she decided the time had come to build a motherhouse. Applying to the Legislature of the State of Pennsylvania for the incorporation of the Community, she rented Concert Hall, an old hotel

building; this famous old structure had once been a proud music hall where Jenny Lind and other celebrities charmed and entertained large appreciative audiences. In more recent years, it had been converted into a hostelry. In March, 1846, it stood idle. Mother Francis Warde rented this and on April 1, 1846, moved the Sisters into it and re-opened the Academy. This was Our Lady of Mercy Academy's second home. Little did Mother Francis Warde dream that in renting that big inhospitable structure, she was setting the stage for PITTSBURGH's first permanent hospital.

CHAPTER II

AN EMERGENCY BEGETS A HOSPITAL

The year 1845 was a very unlucky one for Pittsburgh. It was only three months old when on April 10 a poor woman built a fire outside her home to heat water for the family's weekly washing. It was a very windy day and before nightfall the poor woman's old delapidated shelter had gone up in flames and thirty-six acres of the heart of Pittsburgh lay in ashes. More than one hundred families were homeless; even a greater number of small business men had been hopelessly ruined; every penny they owned had gone up in the conflagration. Then just as a paralysis following the catastrophe began to wear off and new capital and other business men began to build a better city, smallpox lifted its loathsome head creating a municipal health problem along with the economic one.

It does not seem that this visitation was unusually severe this year; subsequent

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events seem to indicate that it was the instructions which the city council gave to the overseer of the poor that gave it so much publicity. The city fathers had instructed the overseer of the poor to fit up the "no-longer-used" coal shed of the first water works down on Cecil Alley for the segregation of the city's smallpox cases and to procure for them the services of a doctor and a practical nurse.

Occupied as they were with the rehabilitation problems before them, the councilmen probably did not give too much thought to the smallpox menace, for smallpox had been coming to Pittsburgh most every year since the English occupied Fort Pitt. In the 1840's all the cities of the country of any size knew this unwelcome visitor.

The older citizens could tell how in 1763 when Pittsburgh was not much more than a Fort, Captain Simeon Ecuylor, Commandant, had built an emergency hospital under the drawbridge near the River for soldiers sick of the smallpox. Some years later, Captain Hand built a primitive hospice for sick soldiers on the banks of Chartiers Creek near Crafton postoffice. It was a two story building with a porch extending entirely around it; it had two doors but no windows and it was surrounded by blockhouses to protect it from Indian attacks. But these primitive hospitals set no precedence for the health officers of the city of 1845. With the exception of the cholera hospital, built during the epidemic of 1832-33, Pittsburgh had provided no other custodial care for the sick than that provided by the overseer of the poor.

Nevertheless, year after year, smallpox had come up the River and in proportion to its virulence left its mark upon its victims or took its toll of human life. The first efforts

to check the disease came in 1828. In that year vaccination was introduced but not enforced. Doctor James Speers in the PITTSBURGH GAZETTE of March 24, 1829, tells us: "A rigid course of vaccination was begun; thousands were vaccinated and therefore were safe; those who did not take the precautions generally contracted the disease." Curtailed, but not conquered, smallpox continued to invade the city at the close of each summer, and here it was again in 1845.

It was not so much the smallpox then, as it was the coal shed that aroused the citizens. The press in other towns were reproaching the charity of a city that provided only a "coal-shed hospital" for its sick strangers. Civic pride was stung. The group of citizens who had organized in 1833 for the purpose of establishing a hospital met again; they could not gain public opinion to their side so again the case rested. A year passed. In the late summer of 1846 smallpox again presented itself and again the "coal-shed" became the center of municipal health care.

When the "coal-shed" was requisitioned in 1845 for hospital purposes, Bishop O'Connor was in Europe. He had gone there seeking more priests, seminarians, and particularly the Christian Brothers. He wanted these last to teach in the new boys' school on Cherry Alley. He was home in 1846. His Excellency knew his episcopal city pretty well by this time. He knew the efforts enterprising citizens were making to provide the city with a "respectable hospital". He stood ready to give both his moral and material support when the hospital became a reality.

All over the country at this time a hospital movement was taking place. Heretofore all hospitals had been confined to the older cities; Philadelphia, New York, and Boston; but during

the Forties hospitals were being built in the younger towns of the nation. These vigorous new cities were not hampered by traditional prejudices. In Pittsburgh the people still argued that from all reports hospitals reeked with infection; that even the poor preferred the almshouse to a hospital. Moreover, it was current belief that the aggregation of many sick people in one place contaminated the atmosphere making it an unfit resident district for the healthy. Naturally home owners opposed such an institution in their neighborhood. And so for the third time the hospital project was pigeon-holed.

Annoyed at this conservative policy, Robert M. Biddle, editor of the "Commercial Journal" published the following editorial on October 15, 1846:

WHEN SHALL PITTSBURGH HAVE A HOSPITAL?....
The large amount of permanent and floating population of the city and vicinity, the location of the town at the head waters of the Ohio on the great route of trade and travel between the East and the West, greatly increase the necessity of a hospital. The number of strangers, many of them poor and destitute, taken sick while sojourning in our midst is much larger than our fellow citizens will admit.

It is difficult for a stranger even with money to procure care and attention in the city when attacked with sudden and violent disease. What then of the poor? The sick stranger is turned over to the overseer of the poor!

We are unwilling to hold our peace until something is done for the unfortunate stranger within our gates.....

When this spirited editorial was printed

Mother Francis Warde was in Chicago. She was keeping the promise she had made to Bishop Quarter on the morning she landed in New York. On September 19, 1846, she had taken six Sisters to Chicago to open there the second convent of Mercy in the United States.

In Pittsburgh, Sister M. Xavier Tiernan was acting as Superior pro tem. The life and work of the Sisters here continued quietly with no premonition of a change. The Sisters were well acquainted with the arguments for and against the establishing of a hospital in the city, but Bishop O'Connor seemed biding his time for he never referred to the hospital he had spoken of at such lengths in Carlow. The visitation of the sick had grown considerably and the services of a hospital often seemed to the Sisters a matter of life or death to some of their patients. But still His Excellency said nothing.

Then suddenly one day at the end of November, 1846, Bishop O'Connor called at the Concert Hall Convent and asked Mother Xavier to show him and his secretary the vacant rooms in the building. They appeared to satisfy him for he then announced his intention of opening a hospital in this unoccupied portion of the building.

When the Sisters heard this there was rejoicing despite the suddenness of the decision and the absence of the Superior. At once Mother Xavier dispatched word of the Bishop's resolution to Mother Francis Warde, then she and the Sisters began the preliminaries and so many things were needed to equip a hospital. The Sisters had no money;

neither had the Bishop. These pioneers of the Church in Pittsburgh were realist in a very true sense. They took Christ at His word, "I can do all things in Him who strengtheneth me." And they put all their confidence in Him. The old saying is "God helps them who help themselves", so the Sisters did what they could, confident God would supply the rest.

The Bishop was at work too. He called a meeting of the Pastors of the three Churches in the city: Father Joseph Deane, of the Cathedral, Father Edward Garland of Saint Patrick's and the Venerable John Nepomucene Neumann, C.S.S.R., of Saint Philomena's. Father Neumann came back to Pittsburgh the second time on March 5, 1844, and remained about two years according to some accounts. Father Lambing states that he remained in Pittsburgh until January 25, 1847. Before them the Bishop laid his plans and asked their help. Of themselves these good priests were as poor as the Bishop and Sisters. They wholeheartedly promised to take up collections in their churches at regular intervals for the support. The parishioners too were poor, but they would be reimbursed by the hospital in times of illness. The hospital being a diocesan institution supported by the parishes, the Pastors were able to send their sick to the hospital free of charge.

Next, His Excellency called the Brotherhood of Saint Joseph, a beneficial society of Saint Paul's Cathedral and asked them to act as business managers of this new undertaking. To them, he assigned three tasks: they were to collect or raise funds for the immediate opening of a temporary hospital and for its support; they were to select a plot of ground

suitable for a permanent hospital; and finally they were to collect sufficient funds and build a permanent hospital. Enthusiastically the Brotherhood organized and began their work. In order to give all citizens an opportunity to contribute towards Pittsburgh's first permanent hospital, the Finance Committee of the Brotherhood decided to insert a Notice in the daily local papers to the effect that they would canvass the town for funds. On December 1, 1846, the following Notice appeared in the COMMERCIAL JOURNAL and was quickly copied by the other local papers:

THE BROTHERHOOD OF SAINT JOSEPH, a beneficial and benevolent Society composed chiefly of members of Saint Paul's Church, have resolved to establish a hospital, which will be opened as soon as the necessary arrangements can be made for the care of the sick....The hospital will be established under the care and management of the Sisters of Mercy...who will receive in their present dwelling as many patients as they shall be able to accommodate; arrangements will be made immediately for erecting a permanent hospital building.

It is proposed to render the benefits of the institution general...persons of every class, condition, and religious persuasion will be admitted, and the right of being visited by any clergyman they prefer shall be granted them.

Assistance will be offered to the poor and destitute of the utmost limit of the means of the institution. And at the same time suitable accommodations will be prepared for receiving the stranger and homeless who, overtaken by sickness in our midst, are able to pay for their attendance.

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....As the Brotherhood desires to extend the benefits of the hospital as far as possible, they appeal for aid to the public at large...
...Committees will wait upon the citizens generally for their subscriptions. Contributions toward the immediate preparation for the reception of patients may be sent to the Sisters of Mercy in Penn Street or to

James May
James Blakeley
Arthur Tiernan
John Coyle
J. S. Cosgrove, Com.

The reaction to the Notice was in keeping with the spirit of the times. The people of Pittsburgh had never been kindly disposed towards a hospital under any condition, but now they seemed not at all disturbed over the opening of the hospital, but at the group that had the daring, in face of public opposition, to set one up. The crime of the Bishop, the Sisters and the Brotherhood was not that they were opening a hospital, but that they were opening it first. At once there was a mad rush to open another hospital; the hospital movement was on, and it never stopped until Pittsburgh had one of the finest groups of hospitals in the country. In that intensely religious era, it would be too naive to think sect prejudices and bigotry played no part in the excitement created; it did; it colored many of the news items of the hospital for weeks to come; yet even in that militant and controversial decade there were many public spirited men and women of all creeds, who were glad the action had been taken and gave the Bishop their hearty and material support.

Perhaps in all the city there was no one more surprised at the quarter from which this Notice issued than the mercurial editor of THE COMMERCIAL JOURNAL. Yet it had been only a coincident that His Excellency's action followed so closely upon the editorial of October 15. Bishop O'Connor had waited, giving others a chance to open a respectable hospital. Only when he saw nothing forthcoming did he act. Nevertheless, Mr. Biddle, often so critical of the Church, now showed a spirit of fine sportsmanship and wrote another editorial, which he published in the same issue as the Notice of the Brotherhood. It read:

A HOSPITAL - AT LAST! We understand that measures are in agitation for the establishment of a hospital in our city, which shall afford accommodations to some forty patients. For years, appeal after appeal has been made to the humanity and religious obligations of our people and their pride in the character of our community. Every means of arousing the attention of our citizens to this important subject has been exhausted in vain.

It was, therefore, with no small degree of satisfaction that we heard yesterday that the affair is now in the hands of persons able and resolute enough to carry it forward, and these hands are the hands of women! After the men have been appealed to in vain, the women come forward and the affair is settled.

The Sisters of Mercy, who have their establishment on Penn Street, have resolved that they will erect a hospital, whose walls shall be the proud monument of their piety and humanity. The necessary steps, we are informed, have already been taken and there

can be no doubt of the ultimate success of the project.

We have in our possession the name of the fair Sister to whose efforts this movement is largely to be attributed.....

The name of this fair Sister, or even the Sister herself was no stranger to the Pittsburgh people. She was none other than the daughter of Michael Tiernan, President of the Merchants and Manufacturers Bank in the city, Eliza Tiernan, now Sister Xavier Tiernan, Mistress of Novices, and acting Superior in the absence of Mother Francis Warde.

When Mother Francis Warde in Chicago received the word that Bishop O'Connor was opening the hospital at once, she immediately prepared to return home. This was in itself a heroic decision, for the Lakes being frozen over in places, there was only one route from Chicago to Pittsburgh and that was through the forest. And the only conveyance at that season of the year was the gumbbersome Conestoga wagon used chiefly by traders, trappers, and frontiersmen moving from place to place. Because Mother Francis was travelling alone and because of the hostile Knownothing spirit, it was thought best that she travel in secular dress. Since she was the only woman ~~on~~ the journey, the transportation agent provided for her by putting a chair in the diminutive mail compartment. Here she sat for two days and nights, cramped, cold, and hangry, for the Sisters distressed at seeing their Mother depart under such conditions neglected to put in the basket of food prepared for her journey.

The roads through the forest were rough and full of deep ruts. Horses had to be changed for oxen; on two occasions a wheel came off threatening the lives of all. Finally the first wagon was exchanged for another, but they had not gone far when this

second wagon grounded in the mud and lost a wheel; to make matters worse, this accident occurred in the middle of the night. The driver requiring assistance and tools hunted up a farmer living not too distant from the road. Angry at being aroused out of a warm bed at such an unearthly hour on a cold night, he gave vent to his feelings in language that would never do in his Sunday school. After the wagon was pulled out of the rut and the broken wheel replaced, the farmer addressed Mother Francis Warde. "Lady, weren't you afraid when that wheel came off?" Quickly, she responded: "Not at all afraid when the wheel came off, but frightened to death when you began cursing. I feared the anger of God might strike all of us."

Reaching the terminal of the wagon route, Mother Francis Warde transferred to a river boat, which landed her in Pittsburgh about three o'clock in the morning. Although Mother Francis had been in Pittsburgh nearly two years now, she was still unfamiliar with many parts of the city. Frightened and alone, she stood on the wharf; she had not the least idea which way to walk to reach Concert Hall. It must be remembered there were no street cars. An old watchman pointed out the way. Slowly she made her way home feeling strangely weak and sick. When she reached the convent and was admitted, she collapsed. She had contracted double pneumonia.

Meanwhile, the work of making ready for the opening of the hospital had been going on. In the unoccupied portion of Concert Hall, a large assembly room had been selected for a men's ward, a smaller apartment for a woman's ward, and several adjacent rooms for private patients and utility purposes. These were being fitted up at the cost of \$1,263.85.

The Sisters were not working alone. A group of enthusiastic young women offered themselves as the hospital's first Women's Auxiliary. When His Excellency had announced from the Cathedral pulpit his intention of opening a hospital, the reaction of some of these ladies was one of chagrin and shame. "What!" they asked one another, "The Bishop opening a hospital? Why a hospital isn't even a decent institution. And the Sisters taking care of it!" But the first rebound was followed by a saner frame of mind. On short notice they put their heads together, opened a bazaar and netted \$3600.00 from it. This was their first big success. Their productivity of sheets, quilts, and other hospital linens rivalled the work of the Sisters; how the needles must have flown for Elias Howe had not blast the world with the sewing machine yet. But when the Sisters entered Retreat on December 28, all was ready for the opening on New Year's Day. Sister Isadore entered upon her Retreat knowing hers was the task to make the hospital a success.

Although Sister Isadore was only a Novice, it had been good judgment on the part of her superiors to place her in charge of an institution that was to serve the public. Sister Isadore had been reared and educated in America; they had not. She knew American ways; they did not. Besides, Sister was a woman of experience in superintending institutions. It had been Sister Isadore, who as Sister Chrysostom the Sister of Charity, had welcomed the Seven Foundresses when they arrived in Pittsburgh in 1843. Later, she had withdrawn from Mother Seton's Community and had been accepted at Concert Hall on April 9, 1846. At her investiture, she had received the name of Sister M. Isadore.

Sister Isadore had personal qualities which recommended her for this crucial position. Great hearted and affable, her capabilities and skill inspired confidence in the sick she cared for. Her hands seemed to know just what to do for those in pain;

her quick mind was able to cope with sudden emergencies; people liked her; she was known to many of the business firms in the city, and she was acquainted with several of the physicians. In all she seemed the right person to make all the contacts with the public, which a hospital executive would have to make.

Sister Magdalen Reinbolt, her assistant, was likewise an American. She was young; she had no experience, but she knew American ways. Since both appointees were novices, the Mistress of Novices, a former Pittsburgh girl, was really as much a member of the first nursing staff as the other two.

There is no account extant of the "House Warming" on New Year's Day; just the daybook notation, but undoubtedly the friends of the hospital were happy. THE PITTSBURGH POST declares:

This hospital opening now under the Sisters of Mercy on a contracted scale, will yet become an institution of immense magnitude and importance to the afflicted.

Such public utterances were heartening, but where were the poor sick for whom the hospital had been opened? No one in the whole city was sick enough or desperate enough to risk accepting the proffered service of the new hospital. Even the poor had their prejudices. Of course, seeking medical care in a hospital in the Pittsburgh of 1847 would have been a revolutionary step. Perhaps nothing short of a court order could have induced any destitute sick man to cross the threshold of a hospital. At any rate no one attempted it. Day after day Sister Isadore dusted the furniture and touched up each pillow in vain. No one came. As day after day passed the Sisters became very much per-

turbed. Desperately on the fifth day, the Brotherhood advertised for patients:

THE NEW PITTSBURGH HOSPITAL

UNDER THE CARE OF THE SISTERS OF MERCY

Doctors Addison, Gazzim, McMeal - general attending physicians. Doctor Werneberg, physician to the Germans.

THE INSTITUTION IS NOW OPEN FOR THE

ADMISSION OF PATIENTS

RECEIVING DAYS: Tuesdays and Fridays from 9:00 to 10:00 A.M. Cases of accident can be received at any time.

CHARGES: Three Dollars a week in the general ward; Five Dollars in a private room; medical attention is included in these charges. Payment to be made two weeks in advance.

LEECHING is an extra charge - One Dollar.

PHYSICIANS: Any physician can send patients to the hospital, and any patient can engage any physician he chooses. In these cases the hospital will not be responsible for the physician's fees.

PATIENTS: As many free patients will be received as the means of the institution will permit. Persons with contagious diseases will not be received until accommodations can be prepared sufficiently ample to prevent any danger to other patients. Suitable accommodations have been prepared for receiving the strangers who may be overtaken by sickness in the city and who are able to pay for their care.

TREATMENT: All physicians will attend twice a week to visit the hospital and will depute one of their number to attend the sick in the meantime.

OUT-DOOR CLINIC: Advice will be given gratuitously to out-door patients on Tuesdays and Fridays at 10:00 A.M.

PECUNIARY ARRANGEMENTS: Will be attended to by a Committee of the Brotherhood of Saint Joseph, which for the present consists of

James Blakeley
James May
John S. Cosgrove
John Coyle
Arthur Tiernan

This brought no response from any of the poor sick in the city. The days passed until January 11, when J.B. Guthrie, Surveyor of the Port of Pittsburgh, sent word that he was sending to the hospital a sick marine, who had just landed at the wharf on a River boat. John Goghill came ignorant of the deadlock he was breaking; all he wanted was medical attention and nursing care; and he got both. It is very much to be questioned whether any future patient ever received anything like the hearty welcome and the devoted care that was lavished on that poor marine; and he liked it. By one of those queer turns in the wheel of fortune, John Coghill was a Knownothing. During his convalescence he took great pleasure in boasting of his prowess; he had taken part in the burning of the Romanish Cathedral in Philadelphia.

The fourth patient was a private room patient, a Dr. L. Callahan; his was a case of well-developed cancer of the face. Dr. Callahan was "profoundly learned in his

profession and....a licentiate of the Faculty of Physicians and Surgeons in London" ¹ and a member of the Faculty of Medicine in Glasgow. Coming to Pittsburgh in the 1820's he became a member of the short-lived Pittsburgh Medical Society, before which he read several papers; one dealing with the "exciting and predisposing causes of contagious fevers," and another on the use of iodine in the treatment of goitre.

Though well known as one of the brilliant physicians in the city, Dr. Callahan was "still more extensively known for his often violent and uncompromising advocacy of the most open infidelity." ² In 1845 he was stricken with this painful malady, which he could not help but know would prove fatal. In the days of his enforced seclusion following the rapid growth of the malignancy, Dr. Callahan found no comfort in the emptiness of his unbelief.

Dr. Callahan had been raised a Catholic, but in the period of his preparation for his profession, he had come in contact with the materialism of England and the atheism of France. Stopping at no half measures, he embraced atheism. This was a severe blow to the members of his family; his sister, Margaret, followed him to America, kept house for him, all the while begging Heaven for the return of her erring brother. At length he recognized the merciful but chastening hand of God and sent for Father Garland of Saint Patrick's Church....Bishop O'Connor received his abjuration and re-admitted him to the Sacraments.

Before his abjuration could be published, he was admitted to the hospital. When it became known that this militant atheist was in the hospital and had returned to the Church, the hospital

was at once charged with proselytism. Had this charge gone unrefuted at that date it could have worked great harm to the hospital. His Excellency, however, quickly rose to its defense:

It is true that Dr. Callahan has taken a private room in the hospital of the Sisters of Mercy...It is but right, however, to state that his adherence to the Church not only took place before he entered this institution, but that he had received the Sacraments several times before the project of founding the hospital was entertained. ¹

Dr. Callahan died March 17, on the Feast of Saint Patrick; even in his death, he was referred to as one of the most violent infidels in the country.

For sixteen months the hospital functioned in Concert Hall. Despite the handicaps, the Sisters cared for 254 patients in such a way that the institution gained friends constantly. Frequently the local press praised the hospital for its good care of patients and the cleanliness and order everywhere evident there.

Roberta West, historian of the Pennsylvania State Nurses Association says in her history:

Nursing by religious Orders, especially by Catholic Sisters, appeared in Pennsylvania before organized secular nursing. Their nursing care was outstanding in quality, because the worth of purely altruistic services is out of the ordinary. Their training did not emphasize care of the acutely ill, victims of accidents, or those in hospitals. It aimed and aims to serve the needs of the community and

makes for better understanding. It embodies an important disciplinary element. Sisters are mature women.

On June 17, 1847, the editor of the PITTSBURGH POST, Leckey Harper, published the following description of the men's ward in the Concert Hall Hospital:

Some days ago we paid a visit to the hospital on Penn Street under the charge of the Sisters of Mercy. They occupy the building formerly known as Concert Hall. The Mother Superior very politely conducted us through the various departments of the institution. The cleanliness, neatness, and good order, which are everywhere seen strikes the visitor at once. The quietude of the sanctuary pervades the place.

The main building is occupied as the private dwelling and has rooms fitted up for study, devotion, and the like. The hospital is in the back wing of the building, formerly used as the assembly halls. In the large ward there we saw two rows of beds extending from one end of the room to the other. Here the sick are brought and receive every attention and kindness which is possible for one human being to extend to another. Some of the most distinguished physicians are constant visitors and administer such medicine...gratuitously.

The institution is intended for the accommodation of persons of every creed and country, who will be attended with the most perfect tenderness, care, and cleanliness. On admission the patient is stripped of his clothes and clothed in hospital linens. His own clothing is washed, numbered, and laid away...

The present temporary hospital affords ample evidence to the public of the necessity of such an institution in our city.... Mercy Hospital has now been in operation six months....

Throughout 1847 and 1848 sick soldiers returning from the Mexican battlefronts, broken down in health, were among the hospital's patients. The first was admitted on February 13, 1847, under the care of Dr. Bruce. Many of them were suffering from what the hospital register called "Mexican dysentery". On October 6, 1848, the PITTSBURGH GAZETTE declared "To the soldiers returning home...broken in health, the Sisters hospital has been truly a house of mercy."

The year 1848 was to test the charity and mercy of the Sisters to the limit. Even before the close of 1847 the MEDICAL AND SURGICAL REPORTER, a medical Journal, mentioned on several occasions the presence of typhus fever in the seaboard cities of the country. Cases were being reported throughout Maryland, Pennsylvania, New York State, and the Great Lakes Region. That it should appear in Pittsburgh was quite likely, but the Sisters had already made known that they were not prepared to care for contagious cases.

One day early in January, a very sick boatman was admitted to the hospital. There was nothing unusual in this. But after a day or two Doctor Addison came to Sister Isadore with the ominous news that he had typhus fever. Hurriedly a conference was called: His Excellency, the Doctor, J.B. Guthrie from the Port, and Mother Francis Warde. As Mother Francis Warde sat at the Council table, her mind went back to the ravages of typhus fever in Dublin; she had been through it all, but if called to make the fight again, she knew the Sisters were ready. So when it was decided that since

contact had already been made, it would be well to dismiss or provide other quarters for the other patients and use the big men's ward for any other typhus fever patients that might apply.

It was not long before eighteen other typhus fever victims coming in through the city's commerce were admitted to the hospital. From January until April the hospital battled with this fatal disease. It was a strenuous and unrelenting fight, but it was well worth it, for fifteen out of the nineteen victims were restored to health.¹

But the hospital nurses did not fare quite so well. At the beginning of 1848, Mother Francis Warde, in preparation for the nursing care that would be required in the new hospital, assigned Sisters Anne Rigney and Catherine Lawler to the hospital to learn nursing. Like all pre-clinics, these two students in nursing were enthusiastic over their work and full of sympathy for all those suffering and in pain. When the typhus fever patients came into the hospital, they were very sick and the two young neophytes spent themselves untiringly to relieve their burning fever and give them comfort. Little schooled in the art of prophylaxis, it was not long before Sister Ann was seized with pain in the head, back and extremities; it was typhus fever. Ten days of prostration and delirium followed; the last Rites of the Church were administered, and on February 11, Sister Anne paid her last debt to nature.

1 After their experience in Chicago, Bishop Quarter there had sent Bishop O'Connor a copy of their isolation technique:

"Those not called by duty to the sick room of typhus fever patients should stay away. Those who must go in should not enter on an empty stomach. They should wash their faces, hands, and mouth after each visit and should change their dress, especially their outside clothes.

The death of this young Sister brought keenest sorrow to the Sisters but there could be no turning back from their mission of Mercy, the battle was just beginning. Each Sister stood at her post heroically, cost what it might. Night and day found them beside their prostrate patients moistening their lips and carrying out each direction of the doctor. To make them comfortable and to prepare the four who died to meet their Maker, consumed their days and part of their nights. At last the crisis of the last patient was past and he was on the road to recovery.

Exhausted and worn, one by one the Sisters sickened with the disease. It was the darkest hour in the life of the ~~fifteen months~~ old hospital. On March 3, Sister Catherine Lawler, a postulant, went home to God, followed on March 5 by Sister Magdalen Reinbolt, and again on March 9 by Sister Xavier Tiernan. The entire hospital staff with the exception of Sister Isadore Fisher, the administrator, were gone. Sister Xavier Tiernan died of erysipelas induced they said by the strain of losing so many Sisters. The Pittsburgh Sisters at the time had suffered a great loss, but Mother Francis Warde's great Faith and trust in the goodness of God met the loss, with the words of Job: "The Lord gave and the Lord hath taken away; blessed be the will of God."

The death of the four Sisters had its reaction upon public opinion. The poor no longer feared coming to the hospital when sick. Respect for the Sisters' work increased; perhaps the greatest good derived from such a holocaust consisted in this: never again did any infection prove fatal to the whole nursing staff of Mercy Hospital.

The four Sisters were buried in the little cemetery beside the new hospital that was in the process of building. Other Sisters took the places left vacant and continued to do everything in their power to serve the poor and homeless. In those days there were no funeral homes. The Sisters in 1847 supplied for this shortcoming. On the Hospital daybook we find that the Sisters bought and kept on hand shrouding material. We read:

"August 9, 1847 - Died - John Hopkins; his friends are invited to attend his funeral at four o'clock this afternoon at Mercy Hospital." Evidently this patient was not a Catholic but the hospital buried him.

It is an established fact that after the opening of the Magee Laboratory in 1900, the circular room on the first floor was reserved as a mortuary chapel and used for this purpose for some years. Father Kittell's garden house had served this purpose before 1900 when there was need of it.

No new patients were admitted to Concert Hall after the last typhus fever patient had been discharged. The general health of the Sisters, among whom tuberculosis had made its inroads, had become so poorly that Doctor William Addison declared to Bishop O'Connor that if the Sisters were not removed from that drafty building, he could not be responsible for their health. When no building large enough to house the Community could be found, His Excellency vacated the episcopal residence and directed Mother Francis Warde to move the Sisters into it.

At once Mother Francis had her Community incorporated under State laws, purchased property on Webster Street, and built a motherhouse large enough to serve the Community for one hundred years. Saint Mary's was sold April 1, 1950; it had been opened December 26, 1850. The Sisters lived in the episcopal residence two years. In the meantime Mercy Hospital on Stevenson Street was opened May 9, 1848.

CHAPTER III

THE NEW PERMANENT HOSPITAL

The Brotherhood of Saint Joseph were good businessmen. The Sisters' hospital, from the very beginning, had been a questionable investment from a business point of view. Therefore these shrewd, practical stewards of the hospital funds proceeded slowly, sure of every step they took. After the temporary hospital had opened in Concert Hall, they did nothing for awhile but watch the humour or inclination of the public towards the hospital; the question in their minds was: Could a Catholic or Sisters' hospital continue to win and hold the support of the people at large?

By April, 1847, the funds of the Concert Hall hospital had dwindled almost to the zero point. The Sisters working with and through the Women's Auxiliary prepared to hold another "Fair for the benefit of Mercy Hospital in the spacious rooms of the Eagle Salon." The Fair was well patronized; the spirit was heartening and the Ladies netted \$3,568.59. This apparently satisfied the hard-headed business Committee, for in May it took its first action towards erecting the permanent hospital building. On Boyd's Hill, in the vicinity of the Old Cathedral cemetery, the Committee bought a \$3300 acre of land paying down \$1300 for it.¹ This

1 THE PITTSBURGH CATHOLIC, May 22, 1847, reports: "The Committee charged with the erection of a hospital under the care of the Sisters of Mercy are happy to announce that a spacious lot has been secured in

location, though rural, had been incorporated into the city in 1846. By choosing this location, the Committee offended no city home owners.¹

The ground having been secured, the Committee engaged the services of Haden Smith, architect, to draw up plans for a 60 bed hospital. On September 13, THE PITTSBURGH GAZETTE notices that the contract for building the new Mercy Hospital has been awarded to "our good friend, J.M. McClelland of this city, who is well calculated to render satisfactory and to bring the work to a speedy completion."²

a healthy location easy of access. It is in the eighth ward on Stevenson Street, between Pennsylvania Avenue and the Monongahela River.

1 THE COMMUNITY RECORDS

July 17, 1876

"The old cemetery adjoining the hospital (all bodies now having been removed) purchased from Bishop Tuigg and the Diocese for \$25,000, semi-annual interest 6%. First payment made by the balance of the Sisters' pensions for teaching Saint Paul's Schools. On April 17, 1881, the debt having been paid, Bishop Tuigg gave receipt "Paid in Full."

2 THE PITTSBURGH GAZETTE, October 12, 1847

"We are pleased to learn that the new Mercy Hospital has so far progressed that in about three weeks, the building will be covered in. We were unprepared to learn that the work has progressed so rapidly that two stories have already been completed. The building will be four stories high, 124 feet long, with a wing at each end fifty feet deep and of the same height. It is located in the eighth ward on the side of the hill near the toll-gate.....

The prediction held good. The new building was completed, turned over to the Sisters, and opened for the reception of patients on May 9. Again the first patient was a marine. With the opening of the permanent hospital, Bishop O'Connor had realized another project in the organization of his Diocese. It was, therefore, a cause for joy to all his friends; perhaps to no one was the joy deeper than to the Sisters who had found their temporary quarters ill-adapted for hospital purposes.

The Business Committee celebrated their triumph in the following letter of thanks to the people of Pittsburgh who assisted them so generously:

June 3, 1848

FRIENDS AND CONTRIBUTORS OF MERCY HOSPITAL:

"The Committee appointed to conduct the business of erecting Mercy Hospital respectfully submits the following statement of its accomplishments:"

"On August 21, 1847, we entered upon our duties under circumstances not very encouraging. Without a design for a building, without land on which to build* without a dollar with which to pay' we addressed ourselves to a liberal and benevolent public for contributions. We sought and availed ourselves of the skill and abilities of Haden Smith, Esq., architect, for designs. And we esteem ourselves happy in the selection of the site, which we early secured for the contemplated buildings."

"Now after a lapse of nine months, the Committee is able to report that the principal building has been erected, finished as to

Evidently an oversight: the lot had been purchased in May.

its interior, and actually occupied by a number of sufferers, who are receiving such kindness as the Sisters of Mercy are able to bestow."

"\$1300 have been paid down on the ground purchased and about \$12,000 on the building. (The entire cost of the building apart from out-houses was \$12,901.88.) For all this sum, we are indebted to the people of Pittsburgh and vicinity who have generously and benevolently contributed this amount....Much is yet to be done....Furniture is badly needed for several wards and rooms....vaults must be built for storage purposes, and ice, coal, vegetables."

Despite all the rejoicing, the new Mercy Hospital was a very simple institution of forty rooms, large and small. Some of them were wards, some private rooms, some maintenance units, some residence quarters for the Sisters. There were no laboratories, no radiology or cardiology departments for the medical revolution which has worked such stupendous changes in the past one hundred years, had scarcely begun.

But Bishop O'Connor, the Sisters and the Brotherhood gave little thought to the simplicity of the new institution; to them that quality was accidental and subject to change. The new Mercy Hospital had been built for two purposes; to provide spiritual care for all Catholic patients, and to render the best nursing service known to that age.

As Sister M. Isadore had not yet completed her novitiate training, she was retained at the Motherhouse in Concert Hall; Sister M. Josephine Cullen, one of the seven Foundresses of the Congregation in the United States was appointed to administer the new hospital.

CHAPLAINS OF MERCY HOSPITAL

Reverend Joseph Lambert
Reverend John C. Farran
Reverend Eugene Gray
Reverend John Tuigg
Reverend Martin Brazill
Reverend Richard Phelan
Reverend Peter Hughes
Reverend Walter A. Burke
Reverend Peter M. Doyle
Reverend Michael J. Mitchell
Reverend Philip Brady
Reverend Ferdinand Kittell
Reverend John Ward
Reverend Felix Richter
Reverend Charles T. Linderman
Reverend James Cox
Reverend Michael Hegerich
Reverend Dennis J. Haggerty
Reverend John F. Corcoran
Reverend Michael F. Bonfield
Reverend Edward J. Misklow
Reverend Vincent A. O'Donnell
Reverend Michael J. Conroy
Reverend Vincent M. Leonard
Reverend Walter A. Mahler
Reverend John Fecko
Reverend Stephen Burdis
Reverend William Dannecker (1942-51)
Reverend Francis Glenn (1947-53)
Msgr. Edward J. Misklow (1951-57)
Reverend Casimer Lewandowski (June-Sept. '53)
Reverend Andrew Turlick (1953-57)
Reverend Francis Lackner (1957-59)
Reverend Anthony Bosco (1957 -
Reverend Albert J. Gladis (1959 -

One of Sister Josephine's first tasks was to select a small room at the end of the corridor on the fourth floor near the front stairs and fit it up as a chapel. Almost before the first patient had been admitted, the tabernacle in the chapel had become the power-house of the hospital. So soon had the Eucharistic Christ begun His Sacramental Apostolate.

Since the days of the saintly Pope Pius X the Christ of the Eucharist has gone up and down the corridors of the hospital each morning blessing even the unconscious sleeping patients, just as He had gone up and down blessing the multitude. The Divine Presence has always been a dominant and vital influence in the hospital.

Before daily Holy Communion, the patients' day began with Morning Prayers and closed with Night Prayers, the Sister supervisor reciting them as soon as she came on duty and again before she left duty in the evening. Sister Clementine Becher in the pharmacy is said to have kept up the Morning Prayers until her death.

Reverend Joseph Lambert, a curate at the Cathedral, was appointed in 1847 to care for the spiritual needs of the Sisters and their Catholic patients. The religious convictions of Protestants have always been respected. For a long time, some non-Catholics could not believe that the priest and the Sisters would refrain from proselytism.

The first five chaplains lived at the Cathedral. The Reverend Richard Phelan was the first resident chaplain. His quarters consisted of a very small room near the chapel. After his time some chaplains were

resident and some were not. After 1882 all chaplains were resident.

The second purpose of the hospital had to do with nursing service. It must be kept in mind that the Irish Sisters of Charity and the Sisters of Mercy represented the pioneers in the reaction against the awful abuses which existed in Irish hospitals and all hospitals generally at the beginning of the nineteenth century, abuses which brought such odium upon hospitals that the poor came to prefer the almshouse to a hospital when they were sick.

Malcolm T. MacEachern, for years president of the American College of Surgeons, says: "The first half of the nineteenth century stands as a dark period in hospital history...whereas mediaeval and ancient surgeons had sought to keep wounds clean, even using wine in an attempt to accomplish this purpose, nineteenth century surgeons believed suppuration to be desirable and encouraged it. Hospital wards were filled with discharging wounds, which made the atmosphere so offensive that the use of perfume was required. Nurses adopted the use of snuff to make conditions tolerable."

"Nursing," he continues, "was on an even lower plane. Nurses had no religious spirit of self-sacrifice and exploited and abused the patients."

The Irish physicians seem to have been among the first to take up the reform. After the cholera epidemic of 1832, in which physicians as well as hospital directors learned by experience the value of the nursing service of religious Sisters, existing restrictions banning religious from nursing in the public hospitals of Ireland and in other institutions for the poor were abolished.

The Sisters of Mercy had been founded but a short time when the cholera epidemic of 1832 broke out. Mother McAuley and her new institute had attracted considerable publicity; as heiress of Doctor William Callahan's fortune, Dublin had some difficulty in understanding her unconventional course. Nevertheless, when the personnel of the Dublin Townsend Street Hospital fled, leaving the sick and dying victims of the epidemic, Mother McAuley was invited to come with her Sisters and take charge of the nursing care. She was shocked at what she found there and made her resolution then and there that the Sisters of Mercy would open hospitals where all the reforms of the day in caring for the sick would be practiced. In 1837 she built her first hospital in Tullmore; in 1838 she opened another in Galway; these hospitals soon attracted attention because of the nursing care given in them. Appeals to open other hospitals in Ireland and even in England were received at Baggott Street and granted as quickly as the Mother Foundress could spare the Sisters to open them.

When the Sisters in Pittsburgh opened the Concert Hall Hospital, they had before their minds the pattern set by the Irish Reform Movement. The Pittsburgh daily press on more than one occasion alluded to the apparent contentment of the patients and the cleanliness and good nursing care given in the institution.

The Sisters were careful to keep faith with the conditions announced by the Brotherhood of Saint Joseph in stating the purpose of the hospital: "persons of every class, condition, and sect will be admitted..." In 1847 while many were transients and rivermen, among them were Negroes; and an Indian playing here at the local theatre with a travelling troupe was admitted during Christmas week in 1848. All were treated with the greatest consideration;

once the strangeness of the hospital life wore off, all the patients grew calm and peaceful and when leaving, became the hospital's best publicity.

For the first twelve months after the opening of the new hospital, workmen were busy there building three vaults for the storage of coal, ice, and vegetables. There was no refrigeration before the Civil War; these underground vaults were cool. Ice was gathered in the winter and buried in sawdust in one of these underground vaults for summer use; vegetables too were stored. Besides the vaults the workmen built outhouses for the hospital had its livestock.

All the while Mother Josephine and the Sisters were kept busy with their patients. The administrator of 1848 filled many offices: she was admission officer, bookkeeper, housekeeper, and supervisor of the dispensary. On Tuesday and Thursday mornings she presided over the one-room dispensary on the first floor on the Stevenson Street side; here the medical student pulled teeth, dressed boils, erysipelas cases, infected hands and feet, and dispensed cough medicine to ambulant patients suffering with colds. Mother Josephine let no patient leave without some message from her; in this way she tried to reach out into the homes of the poor, and especially the Irish poor. Many of these were inclined to be lax in their religious duties. She loved her countrymen and as she provided them with clothing she added some good moral instruction.

But if Sister Josephine was solicitous for the welfare of the patients, she was even more so for the health of her Sisters. At that time the health of the Sisters was giving Superiors matter for serious thought. Tuberculosis had made its inroads into the Community. Three had already died of it and others were in decline.

At home in Ireland every convent had its garden where the Sisters could take the fresh air. Mother Josephine decided to provide a garden for her Sisters. As she looked over the plot of ground about the hospital, her gaze fell upon a pile of broken rocks dug from the earth in making the foundation of the buildings. With these a wall inclosing the space to the south of the hospital could be built high enough to insure privacy. Friends donated shrubbery, young trees, and flowering plants. One generous benefactor built a garden house large enough to accommodate the hospital Community of eight Sisters. Here on summer evenings the Sisters recreated in the open air; here too they came on warm afternoons with their sewing and mending, or in the cool of the mornings to make meditation. The rain and storms of the years impaired the original summer house; in the seventies when Sister M. Bernadine Kittell was superior of the hospital and her brother, the Reverend Ferdinand Kittell was the chaplain, he built a more substantial one. According to Sister M. Carmelita Kennedy, this garden house served as a mortuary chapel and even as an autopsy room before the Magee Laboratory was built.

During the various building programs down through the years, the garden would disappear but the memory of it remained, and sooner or later the hallowed spot blossomed again. Even today it stands like a little oasis of green in the midst of much brick and mortar, but it is no longer a garden enclosed.

Adjoining the Sisters' acre of hospital property was the plot of ground where lay buried the four martyrs of typhus fever and the three victims of tuberculosis, namely, Sisters M. Aloysius Strange, Anastasia McGawley, and Augusta Goalde.

What a view the Sisters must have had from that little cemetery high on the hill as they walked there in the evenings. Even today the Monongahela River as it winds gracefully through the hills has a beauty that fascinates one despite the unsightly buildings on its banks. To the west of them lay the city nestled down in what today is known as the Golden Triangle. To the north and east lay the open country; scattered here and there over the undulating landscape stood the homes, orchards, and gardens of hardy artisans who did not mind climbing over Grant's Hill to get to town.

In early Pittsburgh history Grant's Hill, about one hundred feet high was a barrier to the development of the area east of it. In 1844 when the City Council began considering levelling it, some objections were made; a Mr. Cummings of those days tells us "it was covered with a delightful short green herbage; this made it a popular resort for fourth of July celebrations. This gentleman proposed that since it was one of the greatest ornaments of Pittsburgh, it should be fenced in, terraced, ornamented with evergreen and flowering shrubs and a few banqueting houses in the form of small temples built there; it would then be the most beautiful spot in the world." And now we talk of making a park at the Point!

As one pushes her way through the vehicles on Pride, Locust, and Stevenson Streets today one finds it difficult to realize that just one hundred years ago the locality around the hospital was rural. Not only was the district rural but the very lives of the few inhabitants living there was difficult. Social life and the economic too, belonged to the old order of things just as did the medical and nursing care of the sick and wounded.

Mother Josephine had been administrator of the hospital less than two years when she was

elected to the office of the Mother Superior to succeed Mother Francis Warde, the American Foundress. Sister Josephine's administration, therefore, had been a very short one as to time, but it was a very important one nevertheless, for all beginnings are important; precedents are laid down which determine the ideals towards which future generations strive.

It was Sister Josephine who introduced the custom of publishing hospital reports for the benefit of the public. The first report is dated November 14, 1848. The hospital had no Board of Directors in the strict sense of the term, so Sister Josephine invited some business men in the city to visit the hospital quarterly, examine the departments and the books, and at the end of the year prepare a Report.

The Report of 1848, after introducing itself, explaining its purpose, proceeds to comment favorably upon the building, the location, and the good care of patients, and then goes on to inform us:

That the hospital is capable of accommodating sixty patients, but at present, due to the small supply of furniture, it can receive no more than twenty-five.

Secondly, that though frugality prevails in all the departments, the medical attendants led them to believe that a liberal spirit in regard to nourishment and general sustenance of patients was adopted, and that nothing conducive to their comfort had been wanting.

That 504 patients had been admitted to the hospital since the beginning; of these 49 had died; the average number of patients

6
per week had been 14; the average number able to pay for their care 4 1/2; the average number of free patients 9 1/2. The average cost of each patient per week was \$2.68.

Then follows its recommendation: 'The hospital has thus far been supported by voluntary contributions alone. As this mode of support is at best precarious, it is recommended that a fixed system of support be devised.'

As to medical care, it tells us: 'Six of the leading medical gentlemen of this city visit the hospital regularly and with a spirit characteristic of the profession, gratuitously. Their attention, we are assured, has been constant and unremitting and entitles them to the thanks of the friends of the poor.'

These six medical gentlemen were: Joseph Gazzim, William Addison, Daniel McMeal, George Bruce, Robert Snyder, and Alexander Pollock.

Doctor Gazzim and Addison were older men and were at the height of their professional careers when the hospital was opened. The former began his medical practice in 1817, the latter in 1824. Their motive in joining the hospital's medical staff must have been wholly altruistic, for they had nothing to gain materially from their affiliation with the new struggling institution. Their names on the medical staff, however, was one of the hospital's greatest assets; it told of the type of medical care given there.

Pittsburgh had no medical school in 1847 to fix standards of medical practice, but good medicine was practiced here nevertheless. THE PITTSBURGH MEDICAL REVIEW tells us Pittsburgh medicine in the mid-nineteenth century was an interpretation of the medicine of Philadelphia, London, Edinburgh, and Paris.

Doctor Gazzim was a graduate of the University of Pennsylvania Medical School, where the best American medicine was being taught in the 1840's. Doctor Addison after graduating in medicine from the University of Maryland went to Europe and completed his education by walking the wards of the hospitals there with the Masters of the medical sciences.

It was not uncommon in our early national life for young American students in medicine to cross the Atlantic for post-graduate courses. Europe was still the school master of Americans in most of the arts and sciences and remained so until after World War I. The ravages of two wars destroyed Europe's supremacy. But clinical medicine was flourishing in France in the mid-nineteenth century. Sir William Osler tells us "Accurate study of cases in the wards of the hospitals using observation, the sense of touch, and the stethoscope was followed by systematic lectures in the amphitheatres and supplemented by investigations in the dead house." This was the Parisian honorarium for medical students under such masters as Corvisart, Laennec, and later Louis. The spotlight of that period was on structural anatomy, especially pathological anatomy. Physical signs in the patients were regarded as signposts of some structural pathology or the presence of some causative agent.

In America, Education followed an entirely different pattern for medical students. Conditioned by the undeveloped conditions of the country, the lack of good roads and vehicles of rapid transportation, and the prevalence of fevers, medical education was forced to take the "apprenticeship" form.

A young man electing medicine for his life work was forced almost invariably to apprentice himself for a term of years to some outstanding practitioner in his neighborhood. In the practitioner's office the foundation of American medicine was

being laid. Doctor Joseph Gazzam trained more young men for medicine than perhaps any other Pittsburgh doctor.

During the apprenticeship term, the preceptor was entitled to the students services in keeping the office clean, preparing and delivering medicines, extracting teeth, bleeding and cupping. When further advanced, the student accompanied his preceptor on his visits. Finally he assisted him in obstetrical cases. On these visits, the student acquired that professional manner and approach to the sick which are essential to good doctor-patient relations.

The preceptor, on his part, bound himself to give his apprentices a thorough instruction in all the branches of medicine. Where there were several apprentices in a doctor's office, they were drilled according to Doctor Austin Flint of the Bellevue Hospital Medical School as regularly as they would have been had they attended a medical school.

The American medical college was at first organized chiefly to clinch and review the work of the preceptor and not to displace him. Four years with a preceptor and two years in medical school brought the medical student his M.D. But it must be kept in mind no high school education was a prerequisite.

Turning back now to Dr. Addison: after his two years' post-graduate work in Europe, he returned to Pittsburgh and quickly built up for himself a reputation for scholarship, skill, unusually keen powers of observation, and great independence of thought. He never obtained the popularity of his colleague because of his candor and abruptness of manner.

Doctor Gazzim's nephew-in-law, Dr. Albert Walter, now regarded as the greatest Pittsburgh doctor of that day came to the hospital during the forties and fifties. Dr. Walter, a German, studied under the famous Dieffenbach. He was

in advance of his time; for he alone advocated and practiced regularly the laying open of infected wounds in order to cause them to heal from the bottom and so conserve limbs. He did this in a day when it was customary either to amputate badly lacerated limbs or to close up the wounds without too much attention to surgical cleanliness. Doctor Walter was skillful, bold, and original as an operator, but never rash. He performed major operations successfully in the days before anti-sepsis because of his rigid adherence to cleanliness. He was the first in the annals of medical history to perform an abdominal section for rupture of the bladder, an operation that was not performed again for twenty-five years. Despite his exceptional powers in surgery, he was disliked by his colleagues because of his public criticism of their work.

This explains why the medical staff of the hospital never invited him to become a member of the hospital staff. The Sisters recognized his exceptional work and engaged him to care for the children in both asylums under their care. The number of deformities he corrected won for him the gratitude of the Sisters and their charges.

Among the younger men elected to the hospital staff in 1848 was Doctor George Bruce. He began his medical studies in Doctor Gazzini's office and then went to the University of Pennsylvania in Philadelphia to complete his work and get his M.D. Graduating in 1833 he came back to Pittsburgh, practiced for a few years, then went to Edinburgh where he studied all branches of medicine; crossing over to Paris, he specialized in heart and lungs. Through him then, the specialties entered the hospital, for though he practiced general medicine, he was regarded as a specialist in these two fields.

Specialization in medicine at that period was not in favor with the profession at large;

as late as 1864 THE MEDICAL AND SURGICAL REPORTER carried the following:

The specialties have nearly found their level in this country; they have been settled by admitting them to the bosom of hospitals and centers of education, where they can serve purposes of progress and education within salutary limits and subject to the regulations of general profession.

The second junior doctor on the staff was Doctor Daniel McMeal. Unlike Doctor Bruce, Doctor McMeal did not even have the benefits of a medical school education even in this country. His studies began and ended in Doctor Gazzim's office. Even so, he acquired for himself the reputation of being a very excellent physician and at times a very exacting one. Medical knowledge at that date was quite limited and the apprenticeship system was held in good repute. In defense of it, a writer in the MEDICAL AND SURGICAL REPORTER, 1859, says:

Talents and education - we have not a word to say about either; nay, happy is he who has both, if he will but improve them. But talents and education alone will never make a physician or even a learned man. Constant labor, dogged perseverance that will not give way to trifles will make ample amends for both. Industry, in nine times out of ten will more than supply the lack of opportunity to attend medical school.

Doctor Alexander Pollock was another junior doctor elected to the staff in 1848. After graduating from the University of Cincinnati he settled in Pittsburgh in 1845. When the hospital opened he offered his services. THE PITTSBURGH MEDICAL REVIEW paid high tribute to Dr. Pollock at the time of his death in 1892. He brought the first company cases to the hospital, namely those of the Pittsburgh, Fort Wayne, and Chicago Railroad.

Doctor Pollock with Doctors McMeal and Bruce became known as the "Pillars of Mercy Hospital". Another name has always been connected with these three, Doctor Robert Snyder who was elected to the staff in 1848 also. Not much is known of this doctor excepting that he was in Chicago at the time of the 1854 cholera epidemic and died there from it, one day after the decease of his wife. Doctors L. Schenk and John Dickson, senior, likewise served short periods on the hospital staff.

Naturally the hospital offered greater opportunities for learning clinical medicine than did the office of any practitioner, hence it is not surprising to find the medical staff deciding to take a medical student for training in the hospital. This first student was Doctor T.W. Shaw, who was later elected to the staff and remained on it from 1859 until 1871.

According to the regulations drawn up by the Sisters and the medical staff, every student entering the hospital paid for his residence; over and above this, he was required to deposit a bond in the sum of \$100 with the institution. If at the end of his term, the student's industry, talents, and conduct met the approval of the staff and management, the bond was returned with a certificate of service in the hospital. This qualified him for entering a medical school.

The daybook gives us the following names of medical students:

1848	Dr. Thomas Shaw
1854	Mr. Miller
	Mr. Kearns
1856	Mr. C. Short
	Mr. Daniel Devlin
	Mr. J. Campbell Shorb
1858	Mr. Daniel McMeal, Jr.
	Mr. D.W. Ballantine

1859	F.A. Asdale
	F.X. Hamilton
	W.H. Emerson
1860	Benjamin Preston
1861	Benjamin Jones
1862	B. Campbell
1864	W. McMillan, who died during his apprenticeship.
1872	F.B. White
1873	John McKee
1875	Bernard Burns
1876	Gill Kelly
1878	S. Wilson
1880	A.I. Hoon
1881	H.E. Campbell
	C.A. Duffy
1882	James Thompson
1884	R.W. Stewart

The students paid \$2.00 per week for board; This was not always paid in currency; some paid in groceries; one, whose father was a miller, paid in flour. A rather strenuous honorarium was drawn up for these neophytes, the object of which was to train the senses to see, recognize, and interpret correctly the clues of a deranged physiology left in the eyes and skin of the sick.

Students were required to visit the patients of the hospital three times daily; once before the arrival of the preceptor in the morning; from this visit they made their morning report which was corrected or amplified as they accompanied their instructor on his round of the patients; clinical instruction was given at the bedside much as it is given today. Again in the evening the students made their rounds of the entire hospital 'on their own'. They were very much on their own, for no telephones were at hand by which to contact the chief in case of emergency. If there were any seriously ill patients, the students remained with them for the greater part of the night; for this they were re-imbursed \$.50.

In those days doctors compounded much of the medicine they dispensed to their patients; there were no drug stores; Jayne's expectorant and such proprietary medicines could be brought at the grocery store. It was essential that medical students acquire some knowledge of pharmacology. This necessitated the opening of the first special department in the hospital, - the apothecary shop. For this purpose, a pantry adjoining the men's big ward on the third floor was selected. "A formulary, a pharmacopoeia, and a number of pieces of drug room equipment were purchased piece by piece, until the department met the doctors' approval."

Here the students spent hours studying and making up the medicines according to instructions. This involved some cooking and cooking was an art the Sisters knew more about than the young men. There chanced to be stationed at the hospital in those first days the daughter of a physician, Sister Augustine Shucks, who had assisted her father in the work of compounding drugs. One day after watching a new student struggling with his pharmaceuticals, she offered her assistance. It was heartily accepted so from then on she assisted in the compounding of cough syrups, salves, ointments, lotions, cordials, and other remedies. By arrangement between the medical staff and the superintendent, Sister Augustine became another student in the preparation of drugs. As Sister was a permanent resident at the hospital, her knowledge and skill advanced year by year. She soon was able to instruct students, but acted always as the representative of the doctor. Pharmacology was a very simple science until 1890, otherwise this arrangement could not have existed.

Two other names are connected with this early apothecary shop: that of Sister M. Clement Confer, who went on the foundation

to Wilkesbarre and Sister M. de Lellis Rodrique; both of these Sisters were daughters of physicians with some experience.

There seems to have been another duty imposed upon the medical student in his preparation for medical practice. He was obliged to keep a register of the patients in which he recorded the diagnosis of each, the treatment, the time and condition of the patient at discharge. One of these books has escaped the ravages of time and is today a source of information of the medical treatment in the 1850's.

Such was the preparation of these early physicians, who had to fight the battles of typhus fever, typhoid, intermittent and remittent fevers, cholera, diphtheria, scarlet fever, and a host of other infectious diseases in the period when their causes were unknown. One stands in admiration of these early physicians who did such splendid work with so few instruments of precision, and so little knowledge of pathological and physiological processes. All treatment had to be more or less on the empirical basis. They had to make themselves resourceful, self-reliant, and capable men, able to cope with the most unexpected situations, for their practice embraced the whole field of medicine. They were clinicians and internists at all times, surgeons, dermatologists, obstetricians as the case demanded.

There was nothing spectacular about their daily work, nothing but the conscientious fulfillment of duty, constant reading and study to keep abreast the advances of their science; it was their generation that pushed back the medical horizon revealing the causes of disease, its anatomical character, and modern methods of treatment.

CHAPTER IV

CHOLERA COMES TO PITTSBURGH

It was through the channels of our international commerce that the United States became host to cholera. It was through travel and our domestic commerce that cholera came to Pittsburgh. From the decade of the thirties until after the seventies, cholera was often sporadic in our seaport towns and commercial cities. Five times it assumed the proportion of a major epidemic.¹ The first epidemic was in 1832-33 before the coming of the Sisters to Pittsburgh. That was the epidemic in which Dr. John Snow over in London told the vestrymen of Saint James that if they would remove the handle of the town pump in that district, cholera would disappear. After much wrangling the handle was removed and John Snow's prophecy was fulfilled. But no one in John Snow's day excepting himself and a few like him, was prepared to see death in clear, sparkling spring water; so cholera continued its periodic circumambulation of the globe.

In 1848 it again left its lair in India and invaded Europe. Mother Josephine had been at her desk in the new hospital less than a month when the daily papers announced the distressing news that cholera, "mysterious cholera" was making another of its peregrinations of the globe. It was already in Berlin and it was advancing westward at the ascertained rate of eighteen miles a day. London was uneasy. As the days passed and the news grew more ominous, some of our American people growing apprehensive sought to build up physical defenses against the enemy; there were those who resorted to strong liquors, amulets, and

Cholera epidemics; (1832-33), (1848-51)
(1854-55), (1866-67), (1873-77)

huge doses of one or more of the patent medicines, which quack doctors were advertising as positive preventives against cholera. The more vocal among the citizens clamored for a cleaning up of the city, for while no one knew what caused cholera, all were agreed that somehow it was related to uncleanness. Nothing is so unnerving as the "Mysterious unknown which augers evil to man". So it was not singular that well-balanced individuals clutched at measures they would have spurned in calmer moments. Perturbed minds found no relief in reports like the following:

Cholera seems to be following the lines of commercial intercourse, but there are many exceptions to the doctrine that it is spread by contagion. It seems to jump rather than to be carried. It is capricious, selecting some localities and shunning others. It is a disease of society; it attacks towns and gatherings of men rather than villages and hamlets. It is uninfluenced by seasons or external conditions. This fact constitutes its alarming mystery, for we have discovered neither its cause nor its cure.¹

Contagion was not popular in the mid-nineteenth century, especially among commercial interests; since the press of the country was more or less subsidized by this portion of our countrymen, it was always reminding the people that "contagion" had never been proven. But in times of public danger, it is the people who shape public opinion and in 1849 their opinion closed practically every port to commerce. Our vessels loaded with manufactures were prohibited from entering the ports of Cincinnati, Louisville, Memphis, and even New Orleans and had to return home with their cargoes. The COMMERCIAL JOURNAL OF November 2, 1849, complains:

¹ THE PITTSBURGH GAZETTE, September 11, 1848

While our Rivers were in fine navigable condition, our large packet steamers plying all the tributaries of the Ohio and the Mississippi, and all our transient boats running everywhere, they were overtaken by the influence of the cholera panic. The alarm flew, and as if by magic travel was banished from our Rivers. Our boats from absolute want of employment one by one dropped in home, unloaded their cargoes and were laid up. The loss has been enormous. Millions will be required to replace the aggregate losses of the various businesses and industrial interests of our city.¹

Meanwhile, cholera kept advancing along the paths of commerce. It was in London in October. "It is coming frightfully near to our shores" declared the Gazette in the weeks that followed. As people grew more and more tense, doctors the country over worked more and more feverishly to discover the cause and then to cure this unwelcome visitant. Some doctors thought it was caused by poisonous gases forced from the bowels of the earth at certain times; others believed atmospheric conditions or meteoric dust explained its etiology; one, Doctor Drake of Boston, came very close to the truth in holding microscopic animals were the cause and carriers of epidemic cholera. Still others were positive it was a zyme or morbid principle found in the hulks of ships and so transported in their cargoes and in the clothes of the crew and passengers. So while physicians studied and people set up their vain defenses, cholera came to our shores. Perhaps even as the church bells were joyously ringing in the New Year of 1849, THE PITTSBURGH GAZETTE was setting up the following dolorous news:

Asiatic cholera is in New Orleans and is gradually creeping up the River. So far it has been very fatal, more so than on the western shores of Europe. The alarm in New Orleans is intense; strangers who had gone there from the North to spend the winter are fleeing for their lives; every boat leaving that port is crowded to its utmost capacity. Cases are occurring on the boats on the way up....The great rush of the people from that infected city to the North will scatter the seeds of this scourge all through the West, if it is contagious - which is a matter of dispute.

Journalism has learned many lessons since that article was written, but all news on that New Year's Day in 1849 was equally portentous. There was not a ray of hope of escape or a glimmer of blue in the editorial sky of our country's press. The Pittsburgh Post and Dispatch were not one with less sensational:

Frenzied Northerners wintering in the old French city are fleeing up the River for their lives....The steamboat, Peytonia arriving Louisville last Friday had lost fourteen deck passengers and most of its crew on the way up...There can be no question now; this terrible plague is on its way to us. And right here, it might not be improper to inquire of the gentlemen in our Council Chambers what preparation they are making to guard the city against this pestilence...

At once the terrified Pittsburgh citizens arose en masse and through town meetings and the local press literally compelled the Council to take action. The city was cleaned up. At this stage

of emotional ebullition that the DISPATCH on January 12 sent the social spy ~~gossip~~ ^{manometer} skyrocketing by announcing:

The Sisters of Mercy have tendered their hospital and their services to the city Council in case cholera should visit the city. He who has experienced the watchful tender assiduity of these women will duly estimate the benevolence and self-devotion of these Sisters of Mercy.

Residents of the eighth ward were panic stricken. Immediately a wild protest went up. Handbills were issued calling upon the citizens of the sixth, seventh, and eighth wards to meet in the seventh ward school building for the purpose of framing a strong protest against a "pest house" at Mercy Hospital and recommending an emergency hospital some place outside of city limits.

"We are willing", they said, "to give all honour to the courage and devotion which prompted the offer of Mercy Hospital to the Council for the reception of cholera patients. But while we praise and admire, we are convinced that it is a duty which the Council owes to the public to consider carefully the possible results....It would be an outrage to humanity. The seed of that disease would be planted in the midst....The abhorrent sight of that house of pestilence....."

The Council yielded to the voice of the people and the Sisters' offer was rejected; neither was their offer to care for cholera patients elsewhere accepted. In a similar manner, the people in Allegheny in the vicinity of Mr. Passavant's hospital protested against the use of his hospital for cholera patients. But Mr. Passavant was not to escape with protests merely.

The city Council set up its cholera hospital in the other half of the double building occupied by the Passavant Infirmary. Although on June 24, 1849, THE DISPATCH explained "that the cholera hospital is under the entire control of the Council, who appoint the physicians, furnish the attendants, admit all the patients and tend to all the arrangements..." the people were not convinced. As a consequence Mr. Passavant was compelled to leave Allegheny and find a place for his hospital in Pittsburgh.

While the desperate people in the city were busy protesting against a cholera hospital anywhere within city limits, cholera unnoticed entered the city sometime in March or even earlier. On April third, there were three deaths from cholera in the city according to the press, but there may have been more, for under cover of the night a coffin marked "cholera" was left in the Methodist cemetery on the hill. On May 3 a second coffin was found there in the morning. Yet it was not until the summer was farther advanced and the waters of the Rivers were low and contaminated that cholera broke out in all its virulence. It spread like wild-fire through the channels of the city's unfiltered drinking water. The first cases were reported in Birmingham on the South Side in the vicinity of the abattoirs. Within a few weeks, it was carrying off whole families there. When no human agent or material things could stay the ravages of this scourge, people turned to God, who sent relief. And even to this day, St. Michael's Church has its "Cholera Day" annually to thank God once more for the people's deliverance from that plague. But cholera did not confine itself to Birmingham, for in less than a week, it broke out in Allegheny, Bayardstown, Pipetown, Hardscrabble and Pittsburgh.¹ The city was prostrate:

1 See note (1) on page 81

The disease in this ill-fated town is rapidly on the increase and is now spreading through all parts of it. The greatest consternation prevails, and few who can leave their homes remain in them...For miles around farm-houses are crowded with frightened people seeking to evade the destroyer. Stores are closed and the streets are blocked up with furniture wagons and carts removing families to the country.

When the plague raged most fearfully in London, that city could not have presented a more pestilential appearance than did Birmingham yesterday. Here and there on the hillsides, men gathered in groups of four or five around bonfires, which were believed to purify the air. Some of these fires were built of coal, others of tar and rosin. Despite the summer heat, the streets wore an almost wintery look owing to the quantity of lime scattered about.²

Birmingham is almost depopulated.....³
The utmost terror and consternation prevails; medical men seem to be helpless in arresting the ravages of this terrible disease.

While all this agitation and desperation absorbed the attention of the people of the city, the Sisters were busy fitting up a cholera department in a vacant dwelling house on Locust Street. Here they cared for all the cholera cases that were brought to them. There was a great deal of red tape connected with the admission of cholera patients during

1) THE PITTSBURGH GAZETTE: Cholera appeared in Birmingham, August 18; Allegheny, August 25; Bayardstown, Pipetown, etc., August 27; Pittsburgh, August 28.

2 THE PITTSBURGH GAZETTE, August 18, 1849
3 ibid., August 24, 1949

this epidemic. In deference to the wishes of the people, the city Council had ruled that neither the Mercy Hospital nor the Passavant Infirmary were to admit a cholera patient without a city permit. This impractical ruling caused much delay and worked untold hardship to the poor suffering victims. While the frenzied people had been responsible for this municipal regulation, when it came down to its actual enforcement, they were aroused ~~to~~ indignation at its effects.

One morning while the epidemic was raging, THE PITTSBURGH DISPATCH came out censuring both hospitals for refusing to receive a cholera patient, who, it said, had died from want of prompt medical care and attention. Three days later, the same daily came out with its apology:

THE CASE OF MR. TUTTLE: We have been assured that it is absolutely false that Mr. Passavant refused to admit the patient. Furthermore, the Sisters of Mercy...prepared a room and a bed and waited to take the sick man under their care, but no permit was called for and the patient was not brought to the hospital.

The "permit" fell into disuse and was never brought forth in later epidemics. Nevertheless, while the charity of the people demanded the care of the sick, those of the eighth ward at least wanted that care to be given in some other neighborhood than their own, so when the epidemic passed, they burned the Sisters' "Cholera House" declaring that probably all the cases in the ward were due to it.

For commercial reasons, the mortality of the 1849 cholera epidemic was never published: all we know is "Birmingham was almost depopulated" and city orphanages were filled to capacity. In Pittsburgh proper, the conservative estimate of 200 deaths is traditional.

When the epidemic subsided the infection of cholera lurked in hidden corners in city and country; as a consequence isolated cases continued to appear in the wards of the hospital throughout the years from 1849 until it broke out again in epidemic form in 1854. Sometime in the year 1851 the city health department, the county, and several of the adjoining boroughs sent their contagious diseases to the hospital. There was no municipal hospital available. From this time until the opening of the first city municipal hospital, the Sisters maintained one, and sometimes two isolated units; either on Pride Street or on the Bluff.

As the winter of 1849-50 gave way to spring, the six year old Pittsburgh Community of the Sisters of Mercy prepared to hold its first canonical chapter for the election of a new Community Council. Mother M. Francis Warde, the American Foundress, had administered the affairs of the Community since its foundation in 1843, and had she so chosen she could have continued in this office for the remainder of her life. At that date this was a privilege accorded to foundresses.

In all her life, Mother Francis Warde never availed herself of special privileges. The Constitutions of the Congregation in its democratic spirit limited all offices of Superiorship to six years duration. As Mother Francis had served six years now, she made known her wish to follow the spirit of the Constitutions to the letter.

The Sisters at the hospital went joyfully to the Chapter on the morning of May 16; it would be Reunion Day, a rare occasion in these days of difficult travel. Sisters from Loretta, Hollidaysburg, and Latrobe, whom they seldom met would be there. But the hospital Sisters were not quite so happy coming home. Their beloved Mother Josephine had been elected to the Mother Superior.

In selecting her Council, Mother Josephine retained Mother Francis Warde in the office of Bursar of the Community. Mother Francis took up her new work with her characteristic ardour, but now that she was relieved from the burden of administration, the flame of her zeal for extending the works of mercy burnt red-hot.

Early in 1851, the Most Reverend Bernard O'Reilly of Hartford and Providence, Rhode Island, made application to Bishop O'Connor and Mother Josephine for a few Sisters to make a foundation of the Congregation in the city of Providence. In making his application, Bishop O'Reilly informed Mother Josephine that his diocese was a hot-bed of Native-Americanism and that only prudent women should be selected, for he anticipated trouble for them. Imagine how Mother Francis Warde's dark eyes flashed at this information; her father's fighting spirit was aroused and Mother Josephine very reluctantly appointed her to lead the new foundation to Providence. With her she sent Sister M. Paula Lombard who had been administrator at the hospital since the 1850 election, Sister Josephine Lombard, her Sister, and two Sisters from the Motherhouse, Sister M. Camillus O'Neill and Sister M. Johanna Fogarty. The foundresses of the Providence Community left Saint Xaviers on March fourth dressed in secular clothes to avoid any unpleasant interference on the part of the rabid Knownothings of that day.

It was not long after this foundation in Providence that the insidious inroads of tuberculosis in Mother Josephine became painfully evident to the Sisters. In February of 1852, Mother Josephine begged the Sisters to accept her resignation and to elect another Mother Superior at once. The Sisters complied and on March fourth Mother Gertrude Blake was elected. Mother Josephine lived only a little over a month after her release from responsibility. On April 24, 1852, just one year, eleven months, and eight days after her departure from the hospital to fill the office of the Mother Superior, all that remained of Mother Josephine was brought back and laid to rest in the temporary hospital cemetery on the hill.

As has been noted, when Mother Josephine became the Mother Superior, she appointed Sister Mary Paula Lombard, a hospital Sister, to the office of hospital administrator. When volunteers were asked for the New England mission, Sister Paula immediately offered herself leaving vacant an important office in the hospital.

In the nine years between 1843 and 1852 the Community had sent Sisters on three foundations, even four, since at that date Saint Xaviers was a whole day's journey by coach. All these foundations had depleted the ranks at home and as Mother Superior looked over her remaining Sisters, she realized she had only young inexperienced religious left. From out of these she chose Sister M. Catherine Wynne, the third American girl to enter the Congregation in Pittsburgh.

From the time Sister Catherine entered the Novitiate she gave evidence of executive ability; she was prudent, sagacious, and far-sighted. Her first appointment was to Saint Xavier's where she was an assistant to Mother Josephine, the superior and Directress; in 1848, she was sent to open the house in Loretta; a year later she was recalled and sent to Saint Paul's Orphanage on Webster Avenue. From there she was appointed to the office of administrator of Mercy Hospital. She was not to remain here long for God had work in another city for her to do for Him.

Sister Catherine's office of administration was to be very different from all previous ones for the following reason. Up until 1851 the work in the hospital had been followed up very closely by Bishop O'Connor. His assistance, material and moral, had lightened every burden of the superintendents before her. Shortly after her appointment, however, an accident occurred which diverted all the Bishop's attention and energies elsewhere. Fire destroyed the First Cathedral on June 15, 1851.

It was in this Cathedral that the seven foundresses had assisted at their first holy Mass on Foundation Day, December 21, 1843. It was in this sacred edifice that the Sisters attended Mass for some months after their coming to Pittsburgh. Professions and receptions of young Sisters had taken place in this historic Church, hence the Sisters shared the sorrow of the parishioners who likewise mourned the destruction of the venerable edifice where so many cherished family events had taken place.

This first Cathedral dedicated and opened on May 4, 1834, was a Gothic structure; it had been built by the Reverend Charles Maguire and was completed by his successor, the Reverend John

O'Reilly. It was looked upon as one of the finest churches in the country. Catholics were very proud of it. It had been built on Grant's Hill in the days before grading was placed on the agenda of the city Council. As its spires rose into the sky, the Church stood like a sentinel which could be seen from every part of the city speaking to man of God.

But the day came when Grant's Hill was levelled off to make the eastern part of the city more accessible to the business section. A second grading of Grant Street left the Cathedral standing on an eminence some fifteen feet above the street level. The foundation was irreparably injured; to keep the earth from landsliding, temporary retaining walls had to be built. To reach the Cathedral a long pair of steps had to be built. In the minds of the Catholics their beloved Cathedral was doomed. Putting all sentiment aside, Church authorities prepared to tear down the edifice, level off the hill and rebuild. For this purpose the finance committee had already collected \$30,000. Everything was ready for the demolition. Unfortunately the insurance had been permitted to lapse. Then the tragedy happened. A spark from the Cathedral rectory set the roof of the Church on fire. The weather had been dry for some time, the roof proved highly inflammable and in a short time the Cathedral was a mass of ruins.

At once the Bishop gave his undivided attention to the needs of his congregation. Providing a temporary place for religious worship, His Excellency bent all the resourcefulness of his master mind to the rebuilding of his Cathedral. Sister Catherine, administrator of the hospital, could no longer look for his counsel and material assistance; with her personnel she had to assume the full responsibility of administering the hospital.

THE CHOLERA OF 1854. Sister Catherine had been administering the hospital about two years when in the late summer of 1854 the cholera broke out again in the most devastating and wide-spread epidemic in the history of our country. In this visitation, the local press for commercial reasons suppressed all news items of conditions here at home as much as possible, but focused the citizens' attention on how it was raging in Texas, New York, and elsewhere in our nation. After the crisis passed, however, the city Board of Trade lamented:

We know of no city in the union that has suffered more severely during the past year than ours. The long continued drought rendered the Rivers unnavigable for five or six months..... Then in the midst of the best season, the pestilence came...In a few weeks it carried off thousands of our population and put a complete quarantine upon us for nearly a month; business of all kinds was almost entirely suspended.....

THE PITTSBURGH CATHOLIC of September 30 tells us: "Mournfully can we trace its destructive course as we enumerate the homes left desolate and the children doomed to helpless orphanage."

Sister M. Camillus McGirr was a little girl of five years of age in 1854. Her father, Doctor John McGirr, a native of Latrobe, was a member of the faculty of some medical school in Chicago at this time. He had brought his family back to Pittsburgh for a visit to his parents and relatives. They had been in Pittsburgh

only a few days, when one sultry evening Sister Camillus and her little sister, later Sister Dolores, stood on the front porch of their residence waiting for the Doctor's return. He was late and their mother seemed anxious. As they stood a breeze came up from the River laden with the heavy odor of decay. Sister Camillus remembered her mother saying: "Cholera is here; I can smell it in the air." Frightened by their mother's tone, the two children clung to her; they had heard the term "cholera" and they knew it connoted something terrible. Doctor McGirr returning confirmed his wife's observation. Then he told her that he had arranged that she and the children should go next morning to their old home in Youngstown (Latrobe). There they would be safe, but he was going to remain in the city and work with the profession here.

The period of highest incidence of the disease, as far as the hospital records tell, came about the middle of September. From September 14 until September 30 - sixteen days - over seventy patients were admitted to our sixty bed hospital; as high as twelve were admitted daily. When beds gave out, mattresses were laid on the floor.

THE PITTSBURGH CATHOLIC records that: "No sooner was it known that this depopulating pestilence had commenced its ravages in our community than the doors of Mercy Hospital were thrown open....To be stricken was a sufficient passport for admittance....

Panic stricken, the small service staff fled. One only remained: Edward Hart who had had a mild attack earlier believed himself

immune; however, Edward Hart remained for another reason: Mrs. Hart who found it necessary in those days of hard-drinking, to collect his wages, believed the hospital the safest place for him. So all day long Hart could be heard off in his little shop pounding away at his sombre task of nailing together the plain boxes, which were to serve as the last couch for nearly 50% of the victims interned in the hospital.

During this epidemic, the city Board of Health had charged all hospitals with the burial of all who died within them. The day-book shows that nearly THIRTY DOLLARS worth of lumber was bought for "coffins". And a James McAfee, who had a delivery stable near the hospital received TWENTY-EIGHT DOLLARS for "taking the bodies to the cemetery."

Deprived of the help of their maintenance staff, the Sisters were assisted by the School Sisters for all schools were closed, and the teachers divided between care of the sick in the hospital and care of the sick in their homes.

The Sisters received help from another source. The Reverend Richard Phelan, later the fourth Bishop of Pittsburgh, had been ordained but a short time when the 1854 cholera broke out. As Cameron Bottom, his parish, was not likely to suffer from the epidemic, he came to Pittsburgh and offered himself to his Bishop. He had heard that the "city priests were out at all hours, on foot and on horseback, hastening to and fro wherever a poor victim called for spiritual consolation, without rest, without food, they seemed to think only of administering the last rites of the Church to souls suddenly summoned to their final account".

When Father Phelan presented himself to his Bishop, Bishop O'Connor sent him as chaplain to

Mercy Hospital. He was also given the care of a small section of the Cathedral parish for visitation. The magnanimous spirit of priests, sisters, doctors, and the laity in this epidemic, their self-sacrifice and material assistance to the victims of the plague are irrefutable proofs of the debt mankind owes to Christ and His teachings.

At the hospital Father Phelan could be found in the wards at all hours constantly subjecting himself to the pestilential breath of dying penitents. After the anointing, his fingers were often moist with the saliva of the patients; fearlessly he washed his hands well and continued his errands of mercy.

The Sisters got little rest during those two weeks; when they could go no farther, they would slip away to some easy chair in some quiet corner of the convent for a bit of respite. Twenty-four hour duty for both doctors and sisters as long as they could serve was a matter of necessity in the emergency. It was a harassing work for them without the knowledge of the cause of the disease or how to combat it. According to the medical students' register, opium, quinine, and whiskey in "melted ice" were given all hospital patients along with a doctor's prescription for his individual patients.

There were no hot-water bottles in 1854; bricks heated in the oven of the kitchen stove were wrapped in pieces of flannel; Sisters M. Teresa Burgoon and Monica Staub could be seen at almost any time coming along wearily with their big gingham aprons heavy with these hot bricks for some poor patient in collapse, or with a big mustard plaster to put on the abdomen to ease the pain and retching.

Throughout the twenty-four hours of the day, patients were passing through the portals of time into their eternity. The turn-over was rapid. Many of the patients had stubbornly fought the disease at home, refusing to give up until they collapsed, sometimes in the street. Then it was too late. Of the 50% who died in the hospital, the majority died within the first twenty-four hours; if they lived longer, there was usually a chance that they might recover. After death, short funeral services were held at the hospital, before the remains were sent to the cemetery.

After the scourge of 1854, the country was practically free of cholera until after the Civil War; then in 1866-67 and again in 1873-74, cholera invaded the country, but in neither visitation did it work the havoc of 1854.

Mercy Hospital was in every sense a cholera hospital in 1854, for the hospital building itself was opened to these cases. After that time, with the exception of typhoid and pneumonia, all contagious diseases were cared for in annexes either on Pride Street or on the Bluff, for from this date until 1872 when the Municipal Hospital was opened, Mercy Hospital cared for smallpox, diphtheria, and scarlet fever victims sent in by the County, Birmingham and Manchester. They paid \$2.00 a week for non-contagious cases, but \$5.00 for smallpox cases.

When the Municipal Hospital was opened in 1872, the Sisters confident that they would have no further need of annexes and beds for smallpox patients, burnt beds, mattresses - everything used by the smallpox patients. They were mistaken. There was no law compelling the people to go to the Municipal Hospital when attacked by smallpox, and the consequence was people still insisted on coming to Mercy Hos-

pital. Scarcely had the Sisters made their holocaust than an extremely severe smallpox epidemic besieged the city. (1872-73). At first the Sisters tried to send the poor victims to the Municipal Hospital but it was no use without the requisite city ordinances demanding it. Quickly then the Sisters refurnished the annex. Almost before it was ready, it was full of very sick patients. It was here and at this time that Doctor Joseph Dickson made his professional debut in the hospital. After this the isolation unit functioned until 1900. Then it was closed permanently. Sister M. Etheldreda Ermiere and Miss Anna O'Hagan were the two last nurses to work there.

Diphtheria and scarlet fever, likewise, were quarantined in these units. These diseases usually attacked the under-wage-earning groups, that is the children; hence disrupted the economy of the city less, thereby receiving less press notice. Besides, excepting in the cases of the poor where segregation of the sick was impossible, most of these children were still treated in their homes.

Diphtheria was pandemic in the country from 1856-60; the local press mentions that "it was bad" in Allegheny and in Pittsburgh in 1857 and in 1858, but that it was more fatal in 1859. There were at least two other major epidemics of diphtheria before the days of anti-toxin: one in 1875-79 and the other in 1880-86. The vital statistics of the city for 1886 shows there were

249 deaths from diphtheria
 182 deaths from scarlet fever
 117 deaths from measles
 109 deaths from whooping cough

But to return to 1854: after the cholera had subsided and most of the convalescent patients had been returned to their homes, the Sisters

began the general cleaning of every part of the institution, for new patients could not be admitted until all traces of the cholera had been removed. Moreover, new service men and women had to be engaged and trained to replace the ones that had fled panic-stricken at the beginning of the epidemic. Sister M. Isadore Farrell used to relate the following incident resulting from the well-intentioned blunder of one of these new employees.

At the time of the erection of the hospital the institution had been provided with two bells: one on the outside - the fire bell - and the other in the convent part of the hospital as a calling bell for the Sisters; it was also used to call the medical student when the physician in charge arrived at the hospital each morning.

On this particular morning, even Sister Catherine was busy with the scrubbing when she noticed the doctor coming into the building. Thoughtlessly she directed one of the new service men working close at hand to go and ring the bell. Spying the bell in the yard, he went out and rang it lustily and long. Immediately all was excitement in the hospital. "Where is the fire" everyone wanted to know. First Sister Catherine ran out and stopped the ringing of the bell; then she returned to face the anxious questioning faces and explain the blunder.

In the excitement and perhaps the relief, no one thought of sending word to the neighbors, and this was a still greater blunder. In those days before efficient fire companies had been organized, the ringing of church bells, school bells, any bells was the signal that there was fire. Every civic-minded citizen hearing the signal dropped the work in hand, grabbed a bucket and broom and started for the fire. The ringing of the hospital bell alarmed the people for one can easily imagine how very far

the sound of the hospital bell carried that morning in 1854 in a city without street cars or other loud discordant noises. It was not long then before a line of voluntary firemen provided with buckets and brooms burst through the door demanding where the fire was. The little girls from the orphanage who attended the front door, frightened at the word "fire" ran across the hall into the big ward where the Sisters were cleaning shouting "Fire! Fire!" The men pushed in after her. Sister Catherine's humiliation was complete. She explained as best she could with the men looking at her rather disappointed and perhaps wondering what kind of a superintendent she was.

The winter of 1854-55 passed uneventfully enough. Probably letters from home brought news which enlivened the evening recreation as the Sisters listened to accounts of Mother Clare Moore, Sister Frances Bridgman, and two ladies: Miss Florence Nightingale and Miss Mary Stanley all of whom were doing heroic work among the sick soldiers in the Crimea. But that was all until Saint Patrick's Day.

Just before the Irish Saint's feast day, Sister Catherine was summoned to the Mother-house to confer with the Mother Superior, the Bishop, and the officers of the Brotherhood of Saint Joseph on some hospital business. Since the destruction of the Cathedral, the Sisters had carried on at the hospital pretty much alone, for His Excellency had been bending all the energy of his great mind to the planning of his new Cathedral and travelling to Europe and elsewhere to raise funds to defray all costs. The result was his health was failing and the doctor demanded that he restrict his activities.

From the beginning the hospital had been a Diocesan Institution. His Excellency would now change its status. It was to make this transfer that the meeting was called. After

financial arrangements were agreed upon, the Bishop turned over the deeds to the Sisters. It had been Bishop O'Connor's practice to take out the deeds in the Sisters' name when the Sisters built Saint Xaviers and the Motherhouse, and hold them until he was assured the Sisters were meeting the debts incurred. After the legal transfer of the hospital was completed, His Excellency published in the Pittsburgh Catholic on March 17, 1854, the following:

While the hospital was in its infancy and its success doubtful, I held the title to the property. Yet even then its affairs were administered by a lay board. Since the institution has acquired a position that can be regarded as permanent, I have transferred the title to the Sisters of Mercy, who are incorporated among other things for the care of the sick.

This change in the management of the hospital was the last thing of note in Sister M. Catherine's administration. On June 24, 1855, the new Cathedral was consecrated with great solemnity. The Most Reverend Archbishop Kenrick of Baltimore was the consecrating prelate; the Most Reverend John Hughes of New York preached the sermon. Thirteen other bishops were present making the consecration of the second Saint Paul's Cathedral a national church event.

When all the ceremonies of that eventful day were over, Archbishop Kenrick turned his attention to another business he had in hand. He asked his life-long friend, Bishop O'Connor, for a foundation of Sisters of Mercy for Baltimore. His request could not be refused, but then the matter had to be taken up and approved by the Mother Superior and her Council.

A day or two after the consecration of the Cathedral, Sister Catherine received another summons to come to the Motherhouse. This time she seemed perturbed as she dressed for the street. Had the summons contained something disquieting? Be that as it may, one can easily understand her state of mind when Mother M. Isadore Fisher, the Mother Superior, told her of the Archbishop's appeal, the Bishop's hearty approval, and her own appointment to make the foundation. With less than forty-eight hours to get ready, she was to leave Pittsburgh on Wednesday, June 27, on the night train, in company with Sisters Philip Neri Bowen, Anne Rigney, and Collette O'Connors; they were to go to Baltimore and there make a new foundation of the Congregation. Furthermore, she was told that the Sisters already at the hospital in Washington, D.C., would automatically become members of her new Community.

The hospital in Washington, D.C., had been under the management of the Pittsburgh Sisters of Mercy since 1852. The Washington Infirmary, as it was called, had been established a few years previously by a group of Washington doctors who were endeavoring to conduct a medical school in the nation's capital. In the beginning the Sisters of Charity had been in charge; they had withdrawn and a lay personnel had succeeded them. The results were not satisfactory. At the suggestion of Archbishop Kenrick, the medical had applied to the Pittsburgh Sisters of Mercy for Sisters to manage their hospital. Accordingly, Sisters M. Isadore Fisher, de Sales Brown, Angela McGreavy, Stephana Ward, and Collette O'Connors had been sent to take charge. During the three years that had intervened changes were made when Mother Isadore Fisher was called home to become the Mother Superior, but the ones resident there in 1855 became members of the Baltimore Community.

Staff (omitted above)

For the second time the office of Superior and administrator at the hospital had been left vacant by a Sister sent to make a new foundation. To fill this office the Mother Superior sent Sister M. Evangelist Kinsella, a cousin of the deceased Mother Josephine Cullen. But again the hospital proved but a training ground for the next Mother Superior for at the end of three years Mother Evangelist was called to administer the affairs of the Community. Sister M. Borgia Doherty succeeded her at the hospital for a four year period. She was then sent to Washington, D.C., to fill the position of Superior and head nurse at the Stanton Military Hospital there.

The years from 1855 on were years of worry, and constant effort to meet the interest on the mortgage incurred when the hospital became the property of the Community. Yet it was in these lean years that surgery became an important medical service in the hospital. The industrial revolution was covering the country with its network of railroads, and on our river banks, factories, mills, and other hives of industry propelled by the steam engine were springing up year after year. Machinery in motion, without the present day safeguards, were responsible for crushed and broken bodies, arms, hands, and limbs.

It was during this period American surgeons were leading the medical world in tying some of the large arteries of the body and so making amputation of members possible. However, surgery still remained a desperate remedy for desperate cases, for the surgeon's chief enemy - sepsis - would not be conquered for another decade or more.

CHAPTER V

THE HOSPITAL SISTERS AND THE CIVIL WAR

The decade of the sixties was apochal in the history of the Pittsburgh Sisters of Mercy as well as in the Nation. In the Diocese, Bishop O'Connor had completed seventeen years of episcopal jurisdiction and had endeared himself to his priests and to his people. During his episcopal rule, he had accomplished a gigantic work of organization and development. Pittsburgh was one of the best organized dioceses in the country. For this, His Excellency had paid the price in health. The building of the new Cathedral during depression years had taxed not only his genius but his strength, and as the last years of the fifties ran their course, priests and people knew their Bishop was far from well. Yet, despite this knowledge, despite his many absences from his Diocese because of health, no one seemed quite prepared for the news they read in THE PITTSBURGH CATHOLIC on June 23, 1860, telling them that His Excellency had resigned his Bishopric and that Rome had accepted it.

What this news meant to the Sisters of Mercy of 1860 can scarcely be grasped today. Ever since that December day in 1843, when they first arrived in Pittsburgh, Bishop O'Connor had been to them a benevolent father, a spiritual director, and their ecclesiastical superior. They undertook nothing without his approval; at his suggestion they undertook whatever task he proposed no matter how far above their strength and numbers it seemed to be. To them it was God's will; He would supply what they lacked. True, as the Diocese grew and his burden of office grew heavier, the Sisters were left more and more to themselves, yet His Excellency could always be consulted sooner or later. Now this support was gone; henceforth it would be different. They would have to rely upon themselves.

Before leaving Pittsburgh Bishop O'Connor paid a farewell visit to the Sisters at Saint Xaviers, the Motherhouse at that time and presented them with his chalice. This chalice was very precious for it had been given to him by Pope Gregory XVI at the time of his consecration as bishop. Leaving Pittsburgh, Bishop O'Connor went to New York and sailed from there for a novitiate in Europe. The following December 9, Reverend Michael Domenec, a member of the Lazarist Fathers in Scranton, was consecrated second Bishop of Pittsburgh in Saint Paul's new Cathedral.

In the nation at large, 1860 was a presidential election year, a critical one. "Slavery overshadows every other issue", said the COMMERCIAL JOURNAL, "It must be settled or it will settle the Union." When Abraham Lincoln was elected in November, the people of the North said, "Now at last the slavery question is settled." For the cardinal principle of the new Republican Party was the prohibition of slavery in any new territory admitted to Statehood. This would eventually destroy the balance of power between pro-slavery and anti-slavery senators in the Senate, a status that had been maintained since 1789. With this in mind, the South declared it would secede if Lincoln was elected. Northerners refused to take this threat seriously. They expected some angry demonstrations after the election but believed law and order would be quickly restored.

It was a short-sighted view for the economy of the South was established upon slavery. The North awoke to its mistaken view six weeks later when South Carolina proclaimed its independence and other Southern States followed.

It was then that Pittsburgh citizens took notice of what was going on right here in the arsenal of the nation. For months, perhaps longer the South had been securing from us large consignments of big guns, small guns,

rifles and other war supplies. For months these supplies had been going down the River in steamers or were being shipped by railroad to southern forts. True, these were the Nation's forts, but if the South should secede, what then?

On Christmas Day, 1860, the PITTSBURGH DISPATCH aroused the city with the following editorial:

We are being sold out to the secessionists;... for months muskets have been sent to southern points, where rebels have already seized them by the thousands. Shall Pennsylvania be disarmed? From Lawrenceville, 10,000 muskets were shipped in one week.....

Citizens held mass meetings to denounce this action; they called upon Washington to revoke the orders; they declared they would resort to force to prevent further shipments; those charged with the shipments counselled peace; authorities in the city would take no action. And all the while long wagons carrying big guns to the point of shipment passed through the streets; at the freight station boxes heavy with muskets and bayonets stood piled high; on the wharves the same unsightly products from the arsenal were being loaded on our vessels.

Finally on April 13, Fort Sumter fell to the Southern forces; immediately all Southern forts were seized by the South. It meant War. President Lincoln quickly called for 75,000 volunteers for a three months service, because the fatal delusion possessed the Northern mind that in two or three months, peace and order would be restored. That four years of deadly struggle confronted the Nation, no imagination above the Dixie Line was prophetic enough to grasp.

No sooner had the surrender of Fort Sumter been confirmed than Pittsburgh citizens began to mobilize; located at the head waters of the

Ohio River, the arsenal of America, the citizens anticipated an attack. The local papers declared "that no such popular uprising had ever been seen in Pittsburgh before; business was practically suspended; extensive preparations for war occupied public attention. While men were busy enlisting in companies, women too declared their intention to take to the field to nurse the wounded, to make bandages, and other supplies.

Amidst all this preparation some vigilants of the Safety and Vigilance Committee discovered a large shipment of arms and war materials packed in a number of freight cars down at the Pennsylvania Railroad station and destined for the South; immediately the alarm was sounded, and before authorities could intervene, the cars were stripped of their precious materials and handed over to the Safety and Vigilance Committee.

Bishop Domenec was not silent in this crisis; in his Cathedral on April 22 he declared: "Twenty years ago I called upon God to witness my taking of an oath of allegiance to the United States to sustain the government and defend the flag, and this I intend to do." He then called upon all Catholics to stand by their flag. This included the Sisters, whom His Excellency had already warned to be prepared to give nursing service. In fact, he was offering their services to E.A. Stanton, Secretary of War.

Up to the time of the Civil War our government had never coped with the medical care of forces larger than the regiments quartered in the various scattered forts of the country. In 1860, the entire medical corps of the Nation consisted of an aged Surgeon-General, who died one month after the opening of hostilities, 30 surgeons and 83 assistants besides a few aides. Of these, three surgeons and twenty-one assistants resigned to serve the Confederacy, while three others had to be discharged for disloyalty.

On the nursing side, there was no American Red Cross to leap into instant action with nursing care and hospital supplies for the sick and wounded. Neither was there an American Nurses Association with its great body of magnificently trained women to volunteer by the thousands to bind up the nation's wounds. What was more, there was no inclination to enlist women on any large scale for such service.

Nevertheless, there was no lack of patriotism, courage, and heroism in the women of our country. It was a war on home grounds and it concerned them as well as the men. Thousands of women pushed into Washington with their sons, husbands, or brothers demanding they be utilized as nurses, that they might keep close to their loved ones. Among the very first was Dorothy Dix, who had already won the gratitude of the American people for the revolution she had worked in the care of the mentally ill.

In Washington, she was at once placed at the head of all nursing care with the title of "Superintendent to select and assign women nurses". While we know many surgeons in charge of military hospitals ignored her office and chose their own nursing corps, Dorothy Dix carried on and made a praiseworthy contribution to the war effort.

Miss Dix had been assigned a stupendous and a very unpleasant task at a time when everybody was trying to do the best he could without precedent, laws, or much organization. Examining applicants for nursing service, Miss Dix soon found that the majority of women had no nursing experience, that many were without physical fitness and even health necessary for the arduous duties of an army nurse. Despite all this she set the following requirements:

No woman under thirty need apply. All nurses ~~must~~ be plain-looking women. Nurses must be dressed in brown or black with no bows, no curls, no jewelry, no hoop-skirts.

The resourcefulness of the American woman was being challenged and shortly after outbreak of the War, the Blockley in Philadelphia and the Bellevue Hospital in New York advertised short courses for army nurses. While all this was going on there had been a few women arriving in Washington with hospital experience. Among them were the Sisterhoods of the Catholic Church.

After Bishop Domenec informed the Sisters that he had offered their services to Secretary Stanton, Mother Rose Hostetter appointed a group of Sisters and told them to be ready to answer their country's call on a moment's notice. The summons came in the evening of November 25, 1862; next morning Sisters Borgia Doherty, Vincent Delaney, Bernard Maher, and Flavia Byrne took the train for Washington. On December 8, four more joined them in Washington: Sisters M. Berchmans Hostetter, Nolasco Kratzer, Otilia Dusch and Helen Devlin.

The first Sisters arrived in Washington in the late afternoon of November 26. There was confusion and excitement everywhere. Every train was bringing in volunteers; men in uniform were coming and going in every direction. The Sisters made their way to headquarters. Here they learned that they had been assigned to duty in the Stanton Hospital, which was ready for neither patients nor for them. Immediately Sister Borgia asked permission to spend the night with the Baltimore Sisters of Mercy, who were already at work in the Douglass Military Hospital in the city. This permission was readily granted.

Next morning the four Sisters reported to Surgeon John A. Lidell, the Medical Chief of

Stanton Hospital. The buildings had just been released by the carpenters and were now in the stage of being furnished and equipped. General Lidell welcomed the Sisters and seemed relieved to turn over to the Sisters the work of putting the wards in order. Sister Borgia's experience as executive at Mercy Hospital recommended her for the same position at the Stanton. Once inducted, there was such cooperative energy and method in their industry that the Sisters soon had the wards ready for the reception of the wounded men.

Stanton Hospital consisted of a group of red painted wooden barracks on "I" Street between Second and Third, and extending to "H" Street. THE WASHINGTON EVENING STAR carried a description of the hospital. It was

divided into wards of about equal bed capacity; each ward was under the care of an able physician and surgeon and all were under the immediate supervision of John A. Lidell, U.S.V. The wards were designated by the letters of the alphabet, - A, B, C, etc.

The several wards were comfortably heated and furnished; three large coal stoves were put in each and sent out genial warmth. Around these the boys gathered and discussed the leading topics of the day with the gusto of old fogies.

Meal-hours were at 8:00 A.M., 12:00 P.M., and 5:00 P.M. An old drum heralded forth the welcome news. The menu: breakfast, bread and coffee; dinner, salt junk and potatoes; supper, bread and tea.

The Star reported that the most pleasant feature of hospital life was the visits of the Washington ladies who came dispensing delicacies and smiles.

No sooner had the wards been set in order than one hundred fifty soldiers were brought in. From that time on, both day and night, the sick and wounded kept arriving. The average occupancy was somewhere between 400 and 500 but after a bloody battle, the wards were crowded.

Often the condition of the men coming in was pitiable indeed. After they had been given first aid at the scene of action, they were placed on trains. Trains carrying men to the scene of action always had the right-of-way, hence these hospital trains were often several days on the way; during that time the wounded sick men were without medicine or nursing care and often without sufficient food. On arrival these patients had to be given a cleansing bath and clothed in clean linens before they could be placed in their beds. Doctors and surgeons moved up and down the wards followed closely by the Sister nurse and attendants ubiquitous with bandages, lint, medicines, and other necessities. The Sisters always spoke in highest praise of Doctor Lidell and his assistant, Doctor Philip Davis. Their untiring efforts to make the men comfortable and to provide their every want, whether the soldier wore the blue or the grey, was truly Christian.

While ministering to the poor shattered bodies of the men, the Sisters were not unmindful of their souls. Many were the souls gained for Heaven, who under more favorable circumstances might not have made the grade. The Chaplain at Stanton Hospital was a non-Catholic, but the Jesuit Priests from Saint Aloysius' Church said Mass daily for the Sisters and cared for the Catholic soldiers. Often when a soldier realized that his chance of recovery was unlikely, he called upon the Sisters to write his last wishes and messages to his dear ones at home.

Preventive medicine had not advanced very far in 1861-65; sanitation and the sanitary

sciences were in their infancy; consequently, the medical and nursing corps of the Civil War had to cope with camp diseases far more destructive of human life than bullets. Government statistics show that three and one half times more lives were sacrificed by typhoid-malaria, typhus, pneumonia, and other fevers than were lost in battle. These sick patients created a dietary problem for the Sisters. Finally Sister Borgia appointed Sisters Otillia and Helen as dietitians. To them had been handed over the keys to the "wine press", for it had been noticed that the wine had a mysterious way of disappearing.

Until the Sanitary Commission was fully organized and operating, it was often difficult and well nigh impossible to procure eggs, beef or chicken broths for these very sick men. They could not eat salt junk. Again and again Sister Otillia begged the steward for suitable nourishment for her fever cases; it was all in vain. Sister Otillia was not easily vanquished, so she persisted in asking for what she needed until the exasperated steward declared rather forcibly that he couldn't get what she wanted and neither could she, if she were in his place. Sister thought she could. To that he hotly declared he would pay for anything she could get. Immediately she accepted the challenge and asked for a conveyance in which to bring back her purchases. He provided that too. Taking Sister Helen with her, Sister Otillia went for a drive.

The Sisters of Mercy, it must be remembered, had been in Washington in charge of the Infirmary since 1852; they had made many friends prominent in government circles. To whom did Sister Otillia appeal? Tradition suggests it might have been either Secretary Stanton or the former Bishop Michael O'Connor, now a Jesuit. Father O'Connor as he was called, was in Washington during the

War and was very active in helping all groups of religious women working in the hospitals there. Perhaps she contacted more than one. However it was, Sister drove back to Stanton Hospital in the later afternoon triumphant; her carriage was filled with eggs, chickens, and other food stuffs. A few days later, the following was received.

TO WHOM IT MIGHT CONCERN:

On application of the Sisters of Mercy in charge of the military hospital in Washington, furnish such provisions as they desire to purchase and charge the same to the War Department.

SIGNED:

ABRAHAM LINCOLN

Sister Otilia never again lacked what she needed for her very sick patients. Once the Sanitary Commission was organized, supplies of food and dressings were supplied without stint to the military hospitals. Doctor Henry I. Bowditch declared at the International Medical Congress held in Philadelphia in 1876:

We can never know how many human lives were saved, or how much torture prevented by the agents of the Sanitary Commission on both sides of the battle lines.

The patriotic women of Washington too made a worthy contribution to the War effort. They assembled whatever talent they could and brought dramatic and choral programs to the hospitals to brighten the tedious hours of incapacity. From the same WASHINGTON STAR we learn of a Christmas dinner served at Stanton in 1862 by the wives of Senators Trumbull and Lane of Indiana.

They had the assistance of a large number of other ladies, whose beauty and smiles were enough to gladden the hearts of the brave men, who had volunteered to sustain the Nation and its honor....It was a turkey dinner...Ambulant patients sat at an improvised banquet table; bed patients were served by the ladies at the bedside... After the dinner Senator Lane made a short speech on the swift return of peace; Reverend Mr. Channing, the chaplain, introduced Miss Caroline Richings who sang in exquisite style, "our Country, Right or Wrong"....THE WASHINGTON STAR then goes on to explain:

Stanton Hospital is a new hospital...it will accommodate about 500 patients. The wards are in fine condition and the wants of the poor fellows are admirably provided for.

The female nurses at Stanton Hospital are all Sisters of Mercy from Pittsburgh, Pa. The Sister Superior is Sister Borgia. The admirable ladies discharge their laborious duties to the sick and wounded soldiers in Stanton Hospital in a noble manner, maintaining in every respect the high reputation these self-sacrificing Sisters have ever enjoyed wherever they are known. They have worthily received the blessings of thousands of our disabled soldiers. The following are the medical officers:

Surgeon John A. Lidell, U.S.V., in charge
Assistant Surg. G.B. Hammond

Hospital stewards (Edward R. Chipman
(William A. Ahl

The campaign of the Army of the Potomac in 1864 was bloody indeed. The hospitals in Washington were filled with sick and wounded soldiers belonging to both sides.

One afternoon in the autumn, someone at the Stanton Hospital chanced to see the tall gaunt figure of a man with stooping shoulders approaching the hospital entrance, accompanied by several officers. In the old-fashioned dignity, which was as majestic as it was modest, the watchers recognized their President. The personnel quickly assembled to meet its Commander-in-Chief. Unassumingly, the President shook hands with Dr. Lidell, the Sisters, and others. Then he went straight to the wards to see the men. There was no Mason and Dixon Line in Stanton that afternoon. President Lincoln always maintained that the South could not secede, hence it was still part of the Union. He was, therefore, equally solicitous and friendly to all, whether they fought in blue or grey.

The Sisters were delighted with this attitude, for that had been theirs. The Sisters never distinguished between North and South; they were nursing humanity suffering the blows of war in their tortured bodies. To heal these wounds was the mission of a Sister of Mercy; for them too, there was no Dixie Land. But the Sisters found many Southern sympathizers among the visitors to the hospital, who came with dainties for the boys in grey. Sisters Helen and Otilia respected their wishes but never forgot the boys in blue.

One of the most colorful War experiences of the Pittsburgh Sisters of Mercy did not take place at the Stanton Hospital but on the battlefields of the South and centers about Sister M. Stephana Warde. At the time of the incident, Sister Stephana did not, strictly speaking, belong to the Pittsburgh Community but to the Community in Vicksburg, Mississippi; she had entered and made her religious profession in Pittsburgh, hence the privilege was hers to return to Pittsburgh if she so desired.

Sister Stephana had been one of the Sisters sent from Pittsburgh in 1852 to take charge of the Washington Infirmary in the nation's capital for a group of doctors who were conducting a medical school there. In 1855, when the Baltimore foundation was made, the Sisters at the Infirmary became members of the new Community. In 1859 Bishop Elder of Natchez, Mississippi, applied to Archbishop Kenrick of Baltimore for Sisters of Mercy to make a foundation in Vicksburg, Mississippi. Sister M. Stephana, Sister de Sales Brown and her sister, Sister M. Vincent Brown along with four Sisters who had entered in Baltimore volunteered for this new field of service.

The Sisters had been in Vicksburg less than two years when the Civil War broke out. In the mobilization of forces and facilities for war purposes, the Confederate government directed that the Sisters' academy be converted into a hospital and that the Sisters themselves be prepared to give nursing care to the sick and wounded in the vicinity.

The opening of the Mississippi River to cut the Confederacy in two was one of the Union's major projects. Vicksburg, one of the strongest forts on the River was destined to see much action. Finally in 1863 it fell into the hands of the Union army and the Sisters' convent made the headquarters of General Slocum and his federal officers.

The Sisters left Vicksburg with the other evacuees and nursed their patients in camps, barns, abandoned railroad stations or in army tents around Oxford, Mississippi Springs, Jackson, and Shelby Springs. The Sisters' chaplain who had volunteered his services as chaplain to the Confederate forces, contrived to visit the various camps whenever the Sisters were there in order to give them the consolation of hearing Mass and receiving the

Sacraments. They did little services for him in return, but he was able to look after their physical well-being and even contrived to make them shoes out of rabbit skins when theirs were worn out. Despite the lack even of necessities often the Sisters and the nursing corps did heroic work for the wounded on both sides sheltering them wherever they could from the rays of a blistering sun, the chill of wintry winds, or from drenching rains.

Finally Sister Stephana's contingent was captured by the Union forces. A prisoner of war, she had one overwhelming desire, - to get back to Pittsburgh, the convent of her Profession. Sick at heart, her veil tattered, her habit frayed and worn, she waited for her release. It came in mid-winter. Dressed in an army coat of the pattern worn by the Union nurses, she came to Pittsburgh. Arriving one evening in the city she went straight to Saint Mary's Convent on Webster Street.

It had been twelve years since Sister had left Saint Mary's; there was another Sister Stephana in the Pittsburgh Community in 1865. Many other changes had taken place; the mother-house was now at Saint Xaviers in Latrobe.

When the portress answered Sister Stephana's ringing of the door-bell, she was frightened at the haggard looking woman standing there. Fortunately, Mother McAuley's favorite virtue, charity, ruled in the young Sister's heart, and while she may not have vouchsafed the stranger a Sisterly welcome, she did admit her to the parlor, and went immediately to tell the superior.

Perhaps the Superior may have been a bit disturbed too; the wearing apparel, the absence of coil or guimp were all so foreign to the religious habit of a Sister of Mercy. But the Superior listened to Sister Stephana's story.

Finally, Sister Stephana put her hand to her throat, pulled out a soiled bag, broke the string and produced her vows, which she had carried on her back since leaving Vicksburg.

The vows could not be gainsaid. Her vows made in 1852 were signed by Bishop O'Connor. But to which of the Communities did this strangely dressed religious belong? Had there been in that day telephones, the Mother Superior might have been called and consulted, or Bishop Domenec might have been asked to decide, but in lieu of this modern convenience, the Local Superior, after serving Sister Stephana a tray in the parlor took her to the guest room and put her to bed for it was evident, the stranger needed rest. In the morning the guest was too ill to rise.

Early next morning the Superior called upon Bishop Domenec and told him the whole story and asked what was to be done. He decided to walk up to the convent and talk to Sister. After a long talk with her, His Excellency informed the Community that Sister was to be re-instated in the Community for that was her request.

After her recovery in the hospital to which she had been sent, tradition has it that she went down to Stanton Hospital to help the Sisters there, but her name does not appear on the muster rolls of the War Department for that hospital. Sister lived until Nov. 4, 1903. At the hospital where she spent most of her last years, she*recounting her war experiences and her return to Saint Mary's where no one knew her.

The Mercy Hospital in Pittsburgh, although still a 60-bed hospital, contributed its quota of service, to the Cause. Early in the War, the Sisters offered the hospital and their services to General Snodgrass who was in command

* entertained the Sisters at Recreation by

in the city at that time; arrangements were made by which the Sisters were to keep a certain number of beds reserved for sick soldiers.

In April of 1862, news of the bloody battle of Shiloh reached the city. City authorities immediately wired Secretary Stanton and General Hallack: "We will send one or two of our best steamers with surgeons and nurses to Pittsburgh Landing, Tennessee, to return with wounded soldiers to be cared for in the city."

News of the battle reached the city April 8; at once Felix R. Brunet was dispatched down the River to get information; he wired instructions back on the eleventh; "send two vessels." THE HAILMAN AND THE MARENGO with nurses, doctors and a large quantity of supplies went down the River to Pittsburgh Landing. On April 23 another telegram was received in the city stating that the boats were on the way up the River with 240 wounded men on board. All but seventy of these were dropped off at points for hospitals down the river. The hospitals in Pittsburgh had been notified: the Marine, the Passavant, and the Mercy, and they were prepared to care for their quota.

From this time on through the War, the Pittsburgh Division of the American Sanitary Commission sent delegations of nurses and doctors wherever Allegheny County men were participating in battles. Other cities were doing the same. In the sanguine battles before Richmond, the Pittsburgh Division of the Commission did splendid work, giving first aid and nursing care until it was possible to remove the wounded to hospitals at a distance. Through this channel, Mercy Hospital fulfilled its duty to the country. The name of Mr. W.P. Weyman, member of the local executive board of the Subsistence Committee in charge of hospital supplies is frequently mentioned in our hospital records as the one who assigned the soldiers to the hospital.

On April 4, 1863, a group of citizens including James Herdman, William H. Smith, J.B. Grace, James McCabe, W.H. McGee, and James P. Barr, pleased at the work Mercy Hospital was doing for the soldiers interned in it, made application to the State Legislature for an appropriation for the hospital. They stated: "This is only justice, the hospital was the first established in Pittsburgh; its doors are open to all without distinction of creed. No proselytism is permitted within its walls, etc." Beginning in June, 1863, the daybook of the hospital shows an annual appropriation of \$5000 until 1866; the War being over, the appropriation stopped on the grounds that the hospital is sectarian.

Another event of the War period that brought a few patients into the hospital was the explosion that occurred at the United States Arsenal in Lawrenceville about 2:00 P.M. on Sept. 17, 1862. It was a terrible disaster, a most harrowing holocaust of the lives of seventy-four boys, girls, and women employed in the Arsenal. The building was completely demolished. As the explosion could be heard all over Pittsburgh and Allegheny, an immense and agonizing crowd gathered at the scene. Every priest in the city that could leave his post rushed there to aid Father Gibbs of Saint Mary's in giving spiritual aid to those requiring it.

The building had been used for filling shells and making cartridges and contained a large quantity of powder. One account states that through carelessness, powder had sifted out of the building onto the brick or cobblestone road where drays or wagons loaded and unloaded supplies. The day was hot and the friction of the iron wheels of the conveyance on the powdered road started off the fire which caused the explosion. So sudden and so great was the force of the explosion that bodies were hurled several hundred feet. Arms, legs, heads, were torn from

bodies; fortunate were those who were killed outright, for others severely injured and unable to get out of the building were burnt to death in the building. Frantic parents rushed everywhere looking for their children, and finding them were overcome with grief as they recognized their mangled or charred bodies.

There were no ambulances in 1862 and Saint Francis Hospital had not yet been opened, but the warm sympathy and resourcefulness of the people of Pittsburgh overcame this handicap. Most of the victims were dead, but the injured were taken in conveyances conditioned with mattresses either to their homes or to one of the three hospitals - West Penn, Passavant, or the Mercy. Father Gibbs had been the Sisters of Mercy's first chaplain back in 1843, and he recommended that Catholic patients be sent to the Mercy.

The dead were laid out in rows close to the scene of disaster for identification. The Allegheny Cemetery Association offered free graves for the burial of the victims; ministers of various congregations suggested that all creeds unite and have one common funeral service for all. But the infinite merits of the Requiem Mass stood in the way of that as far as Catholic parents were concerned; Requiem Mass and burial in Saint Mary's cemetery were the only consolations offered the bereaved friends of the dead.

As in all later Wars, Mercy Hospital had its quota of doctors and medical students at the front. On February 24, 1863, word was received at the hospital that Doctor L. Schenck, a member of the hospital medical staff since 1854, had died at Pine Island near Cuba on the eleventh of January. Referring to his death, THE POST stated: "He was an able and successful practitioner and had enjoyed the reputation on high scholastic and professional attainments."

In 1863 the Sisters in Pittsburgh were called upon for further military service. At the beginning of 1862 there were already one hundred and fifty hospitals set up in the city of Washington and others in Arlington and nearby towns. Churches, schools, halls, and for a short period one wing of the Capitol building were requisitioned for hospital purposes. Despite all this, before the close of 1862, it was evident that the District of Columbia and Maryland could not take care of all the casualties; they would have to be distributed over the Nation. Consequently, the government established military hospitals in all the States of the Union and sent to them such sick and wounded as could be moved that distance. As far as possible, every man was sent to a hospital in his own State. In this way facilities were kept open in the Washington hospitals for the freshly wounded constantly coming in. One of these State hospitals was opened in Pittsburgh in what formerly had been the Pennsylvania State Western Hospital and later Insane Asylum. Here again on October 3, 1863, four Sisters were called to duty. Sister M. Berchmans Hostetter, who had been at the Stanton in Washington, D.C., was transferred to the Pittsburgh military hospital in charge of nursing care. With her were Sister Benedict Duffy, Sister Leo Driscoll, and Sister M. de Pazzi Russell. In all, nine Sisters saw service in this hospital before it closed on June 24, 1865.

THE PITTSBURGH POST of October 22, 1863, tells of the Sisters' call to duty:

The Sisters of Mercy Hospital have been invited to take charge of the United States Military Hospital, late Pennsylvania Hospital of this city, and have entered upon their responsible, but to them, welcome labors. The heroism and devotion of this

noble community of women have attracted and earned the admiration of all without regard to creed, more especially since the outbreak of the Rebellion....

Everywhere, these Sisters have inaugurated by their presence order, cleanliness, comforts, and attention to the poor wounded soldiers which have rivalled the endearments of home even of the most fortunate. Acknowledgment has gone forth in unmistakable language....

A visit to the United States Military Hospital here will give some idea of the value of the services of these unostentatious and self-sacrificing women, whose highest rank on the roll book of the Department is that of nurse, but who have been accorded by common consent, their true title - Sisters of Mercy.

The Sisters did receive every courtesy from the entire personnel in both military hospitals; working with the surgeon in charge, it was their highest ambition to furnish the patients with the best hospital care possible. The people of Pittsburgh left nothing undone to provide every necessity of the patients. A fine co-operative and patriotic spirit prevailed. In both this and in the Stanton Hospital, private quarters were provided the Sisters in which a chapel where the Blessed Sacrament was preserved was set up. These chapels were open to the Catholic patients at certain hours daily.

In 1864, the Western Pennsylvania Military Hospital was filled to the doors and still the wounded and convalescent men were coming in; almost over night hundreds of hospital tents dotted the hillside near Brereton Avenue and adjoining the hospital. The number of Sisters had to be increased in order to extend their services to this "City of Tents" on the hillside.

Long years afterwards one of these Sisters, Sister M. Madeleine O'Donnell, then a golden jubiliarian, sitting on the east porch at Mount Mercy surrounded by a group of novices, took great pleasure in telling them "I was in the army before I was nineteen". Then she would tell how in those days she could run up and down the hillside - but always with decorum, and dignity - to administer to the soldiers in the "City of Tents."

Time passed. The Spanish War and World War I had become history. Then in the 1920's the Women's Auxiliary of the Ancient Order of Hibernians taking note of how much was being written about the lay nurses in all the wars of the country and not a word about the contributions of the religious orders of women decided to do something about it. They would not only write the history of the contribution of the Sisters in our wars but they would erect a monument to their memory in some public spot in Washington. This was no small task but through the indomitable courage of Mrs. Ellen Jolly, LL.D., of Pawtucket, Rhode Island, "Nuns of the Battlefield" was published and the monument to their memory erected and presented to the government.

The unveiling of the monument took place on September 20, 1924. It was accepted in behalf of the government by Colonel G. O. Sherill, Military aid to the President and thus became part of the government property of the District of Columbia.

Eleven Communities of religious women were represented at the ceremony whose early members had given service during the War between the States. Sister Madeleine O'Donnell was the only Sister present who had given nursing service in that War. There was a Sister of Saint Joseph still living who served in the War but she was unable to attend. All others had gone home to God.

Sister Madeleine had been taken to Washington by Mother M. Irenaeus Dougherty, the Mother Superior of the Pittsburgh Community. At this date Sister Madeleine was eighty-one years old and had spent more than sixty years in religion.

Colonel Sherill, in his address of acceptance of the monument expressed regret that there was no Sister present who had seen actual service in the War. The Superior of Saint Catherine's Home for Working Girls in Washington, D.C. with whom Mother Irenaeus and Sister Madeleine were staying, spoke up saying: "Yes, there is a Sister present - Sister Madeleine of Pittsburgh is here; she nursed the sick and wounded soldiers in that War."

Colonel Sherill requested Doctor Ellen Jolly to locate and escort the venerable religious to the stage where prelates of the Church and officials of the government were seated. All eyes followed Mrs. Jolly as she went down the aisle to where Sister Madeleine was sitting. A bit stiff from sitting and her eighty years, she rose, took Mrs. Jolly's hand and soon was standing on the stage. At once all stood to pay tribute to her; a chair was placed for her beside Cardinal O'Connell. Then the five thousand or more participants in the ceremony expressed their enthusiasm by rounds and rounds of applause.

When the ceremony in the Park was concluded Sister Madeleine and Doctor Ellen Jolly led the procession to the church across the street where Benediction of the Most Blessed Sacrament closed the ceremony.

The Muster Rolls on file in the War Department in Washington, D.C., carry the following names of Pittsburgh Sisters of Mercy who served as nurses in the Civil War:

STANTON HOSPITAL, WASHINGTON, D.C.

S.M. Borgia Doherty	S.M. Berchmans Hostetter
S.M. Otillia Dusch	S.M. Basil McGinn
S.M. Vincent Delaney	S.M. Francis McCormick
S.M. Bernard Maher	S.M. Aloysius Ihmsen
S.M. Appollonia Leahy	S.M. Estelle Curran
S.M. Flavia Byrne	S.M. Xavier Maher
S.M. deRicci Tierney	S.M. Joseph Laughran
S.M. Helen Devlin	S.M. Bernard Duffy
S.M. Julia Ward	S.M. Nolasco Kratzer
S.M. Marcella McKeown	S.M. Remigius McQuade
S.M. Celestine Rafferty	S.M. Louis O'Connor
S.M. Johanna Rooney	S.M. Gonzaga Myers
S.M. Anthony Gallagher*	S.M. Augustine Shucks

* Probably Sister Antonia. She was Stanton for two months.

WESTERN PENNSYLVANIA MILITARY HOSPITAL

S.M. Berchmans Hostetter	S.M. Basil McGinn
S.M. de Pazzi Russell	S.M. Rose Hostetter
S.M. Leo Driscoll	S.M. Neri Bowen
S.M. Sebastian Gillespie	S.M. Benedict Duffy
S.M. Madeliene O'Donnell	

CHAPTER VI

PROGRESS, FINANCIAL STRESS, AND PANIC

The hospital had been established in 1847 to meet a need created in part by the industrial revolution which began and gathered momentum in this country after the War of 1812 and which in later decades burst into the electro-mechanical era of this century. Scientific inventions and marvelous discoveries in all branches of knowledge marked the last half of the nineteenth century, but it took time for their practical application to seep down and improve the living conditions of the masses. So it was that the Sisters of Mercy in their new hospital on Boyd's Hill began the care of the sick under some very primitive conditions.

The eighth ward in which the hospital was located had been incorporated into the city in 1845-46. When the Brotherhood of Saint Joseph began building the permanent hospital in 1847 there were only 353 residents in the ward who paid poll tax. Though the city authorities voted to pipe city water out into the ward, it seems the architect and contractors made no provision for city water to be brought into the hospital building. This meant that for more than a year the Sisters drew every drop of water used in the institution for cooking, laundry, and department uses from a well dug on the hospital grounds.

This was an onerous task and measures were taken to correct this oversight. Barnacle-like annexes providing bathroom facilities for the three wings of the hospital were built. Plumbers were engaged to bring the water from the city pipes on Pennsylvania Avenue into the hospital. These pipes proved to be too small to supply all the water needed, but even what could be obtained was a godsend to the Sisters. It was, therefore, a very happy day for the Sisters when for the first time water issued from

the spigots in all parts of the institution. It was not long, however, before this new utility became a source of expenditure and worry. Through some engineering defect the hospital sewer refused to remain permanently connected with the longer city sewer at the point of juncture. The consequence was a cesspool down at what is now Stevenson and Forbes Street. The hospital authorities spent dollars and dollars to correct the evil but without effect.

In 1860 the so-called reformer, "Joe Barker" who had been imprisoned for "disturbing the peace" was liberated to become Mayor of Pittsburgh. Just at this period the Know-Nothings had won many offices in the city, state, and general government. The new Mayor in his street harangues had often voiced his hatred of the Church and of the Bishop whom he always called "Mickey O'Connor." Barker was not long in office before he arrested the Bishop "upon the allegation that he permitted the status of a nuisance in the sewer at Mercy Hospital." He tried the case himself. According to the press of that day "the evidence was inconclusive": It could not be proven which was at fault, the city or the hospital. That did not bother the Mayor; he fined the Bishop \$20.00 or a period in jail. There being no federal judge in the city, the Bishop had to pay the fine.

This insult to their Bishop aroused the Catholics but they were a helpless minority. Not long afterwards Mr. Barker was killed one night walking home along the railroad track after one of his political meetings.

There is reason to believe that Joe Barker's constant reference to the Bishop as "Mickey" established in the language of the street the term "Micky" for Catholics. Dictionaries of slang trace the expression to 1850.

The sewer trouble was ended when the city engineer realized that there were vibrations in the longer lines when much traffic passed over them.

The city water piped to the hospital in 1849 was unfiltered river water; the source from which the water was drawn was some distance up the Allegheny; nevertheless at certain seasons of the year every bit of drinking water had to be boiled. In every ward or corridor there was to be found a water cooler containing boiled water filled with blocks of ice. Filtered water was not served to central Pittsburgh until 1907.

But water was not the only utility that was introduced into the hospital in a primitive form. The lighting system was equally so. Kerosene lamps suspended from the ceiling or bracketed to the side walls of room and corridor dispelled the darkness of night. These lamps required hours daily to trim, fill, and clean.

It was these house-keeping duties that consumed so much of the Sisters' time; eight months in every year, the utility man was kept busy servicing the coal stoves distributed throughout the institution. Parlors, offices, and corridors were not heated. To increase the budget a music teacher was resident at the hospital; Mrs. Anna McGirr had been a pupil in those days; she used to tell how she and the teacher would have to leave the parlor on cold days to warm their stiffened fingers.

Every autumn the Women's Auxiliary held quilting parties; every spring the Sisters brought out the calcimining brushes to freshen up the walls covered by the smoke and dust collected on them during the winter.

But in time the revolutionary changes reached down even to the kerosene lamps; on May 31, 1854 illuminating gas was introduced into the hospital, but only into the corridors, for the Sisters were a bit apprehensive about introducing the new illuminant into the wards; they waited until the gas mantles were invented. But even the gas mantles had to yield to progress; about 1894 Edison's electric light bulbs replaced them; today nothing remains but a few stray gas jets still clinging to the wall in parts of the old building.

The coal stoves and fire places endured until the building program of 1882-84. At that date a furnace room was built and equipped just south of the west wing; funds having run out, this boiler room had but three sides; a piece of canvas hung over the fourth to keep out the rain and cold.

Heavy quilts and quilting parties were even more persistent, but the time came when they too had to go. Light, warm factory-made blankets of every shade and color took their places; however, today a few dacron comforts are to be found in the departments. Even the calcimining brush disappeared as the painter with his paint bucket and brush came within the range of the Sisters' power to pay.

For nearly fifteen years the Sisters hemmed by hand the linens used in the hospital. On June 7, 1860, the Sisters gathered around the first sewing machine and were amazed at the speed with which it sewed a long seam. But like the steam kettles which came into the kitchen at a later date, some of the older Sisters wanted nothing to do with the "new-fangled" things. On March 15, 1860, the first eight day clock was presented to the hospital. It was gratefully received.

For twelve years all soiled linens in the hospital had to be washed by hand on the old washboard. Years later one dear old Sister * remarked: "From Mass time in the morning until dark at night we rubbed with our hands and prayed with our lips the petitions of the Rosary and the Litanies". Is it any wonder God raised up benefactors to the hospital in every crisis? Well did these early Sisters comply with the advice of Mother McAuley: "Let not your thoughts rest on earth; keep them buried in the Divinity". Praying vocally at their work in the private parts of the convent or hospital was distinctive of our early Sisters.

A work so onerous as laundry work and so essential could not fail to feel the impact of the age of inventions. On October 16, 1860, the first of a long line of washing machines made its debut in the laundry followed quickly by a wringer. The mangle did not appear until 1873. The first laundry was in the basement of the original building. Within a decade or two a larger laundry had to be built; it stood north of the main 1848 building.

Labor saving devices came in sparingly until after the Civil War. While the Sisters were drudging in the laundry, the Sisters in the rooms and wards scrubbed the floors on hands and knees. "They were the days when the corners were clean", the Sisters of later days were reminded. After the scrubbing was done, a strip of rag carpet was laid in the aisle of the wards for visiting hours. In 1856 a patient, Mr. Andre, presented the hospital enough straw matting to cover the corridors of the hospital. The same Mr. Andre presented two large statues to the

* Remark of Sister Mary Eugene McNally to the writer.

hospital, one of Saint Joseph which stood for decades in the third west corridor opposite the front door, and the other one of the Blessed Virgin which was broken during one of the renovation periods.

The examiners, who prepared the Hospital Report of 1851 tell us:

The Manual work to be done and the various offices to be fulfilled in connection with an institution like the Mercy Hospital is arduous, constant, trying and often painful. We are astonished to learn that almost all the work and drudgery of every description, is performed by the Sisters themselves. The only assistants they have are two persons, whom they employ as messengers and male nurses.

There was reason for this. The Sisters were poor and could not afford more help. From the day Mercy Hospital was opened the spectre of economic bankruptcy dogged the steps of every hospital executive. The question of patients paying for their hospital care was still scarcely raised in the 1850's. True, from the very beginning there had been those who refused hospital care gratis. Later, there came a period in which all patients entering the hospital were asked if they were able to pay for their hospital care; the majority thought they were not. Private room patients paid \$5.00 a week from the beginning; patients sent in by the Surveyor of the Port or by health authorities of the city paid flat rates in the wards or double rooms. Until about 1854, the three Catholic Churches in the city took up collections for the hospital. Income from these sources was vital but not sufficient for hospital operation. Up to the Civil War, the first Woman's Auxilliary was very active; fairs, tea parties, concerts and lectures followed one another at different times. Such items as:

"Borrowed \$ _____ in time of want; paid back in time of plenty," tell a story all their own.

The 1851 Report recommended "there should be procured a list of permanent subscribers, each paying a certain sum annually for the support of the hospital besides the donations and contributions, which may be obtained in other forms". Evidently, such a group was already functioning: the PITTSBURGH CATHOLIC speaks of a YOUNG MEN'S MERCY HOSPITAL SOCIETY meeting for Vespers on Sunday afternoon, March 18, 1848. As a consequence of the Examiners' recommendation, another society called the SOCIETY FOR THE SUPPORT OF MERCY HOSPITAL was formed in the fifties. Perhaps it was a successor of the first, for this second society was composed of both men and women, who pledged themselves to contribute One Dollar annually for the support of Mercy Hospital. This society declined toward the end of the decade and became extinct after the resignation of Bishop O'Connor.

While notices of fairs and bazaars for the hospital appear at intervals, the hospital seems to have had fewer financial worries in the sixties. In April, 1863, the following application for State appropriation for the hospital was made by a group of citizens. It read:

While the lawgivers of our State provide unsparingly and in a most commendable spirit for other charitable institutions, where only the insane persons, or the victims of accidents, and those suffering under diseases not contagious are admitted, the Mercy Hospital has not yet been the recipient of One Dollar from the Commonwealth.

What makes this more inconsistent, not to say unjust, is the fact that there is not a single malady in the long black-lettered list

of human ills, which excludes its unfortunate possessor from the kind offices of the Sisters of Mercy Hospital. Patients,..... with the most dreaded contagious diseases are as freely admitted as they who come with dislocated limbs. Institutions of this kind are of incalculable benefit in populous cities like our own. The spread of diseases in congested districts, induced as it often is, by cruelty, terror, ignorance, or absolute poverty can often be materially checked by having such a refuge as this for the early victims of these calamitous diseases.

We, therefore, respectfully submit to the General Assembly that this institution and others conducted on the same broad lines of benevolence; making no distinction of creed or color, - rejecting no subject of affliction because his disease is disagreeable or dangerous to the nurse - we submit that these noble charities are certainly entitled to some portion of the bounty of the State.....

All the Committee bear cheerful and earnest testimony to the admirable order and cleanliness of the hospital....And while we accord simply justice to the self-sacrificing Sisters of Mercy, we take equal pleasure in commending the conduct of the skillful medical gentlemen....

COMMITTEE

James Herdman
W.H. Smith
R.J. Grace
J. McCabe
W.H. Magee
J.P. Barr

The application was successful and the sum of \$5000 annually was appropriated to the hospital until 1869; then on the grounds that the hospital is sectarian, the appropriation was refused.

Sister Isadore Fisher, who had opened the hospital in Concert Hall back in 1847, came back after the War as administrator of the Hospital. In the years since 1847, Sister Isadore had lived a very active life. She had been the Mother Superior of the Community; she had opened the Boys' Orphanage in Birmingham and had remained to conduct the institution through its pioneering vicissitudes; she had led the Sisters to Washington, D.C., when they took charge of the Washington Infirmary in that city; she had returned only to fill other offices of trust in the Community. Rich in experience and administrative wisdom, in 1869 she returned to the hospital, but she was now an elderly religious, too worn out to grapple with the financial storm she saw coming.

During the War years, Pittsburgh and Allegheny "had entered upon the most wonderful financial era in its history" up to that date. Erasmus Wilson, early Pittsburgh Historian, tells us: "banks could scarcely find enough money to provide for the expansion projects of our mills and factories; while unscrupulous stock brokers all over the country were selling questionable stocks at enormous gains and piling up huge fortunes in a brief space of time. People, losing sight of the future, were setting standards of ill-advised spending". A crash was sure to follow.

By 1869, the Nation was becoming alarmed; the government, federal, and state, began retrenching expenditures. The refusal of the State appropriation to the hospital that year reduced the hospital finances to a crisis. The Sisters immediately resolved to restrict expenditures to the very minimum. This was more easily agreed upon than executed.

In 1871, Sister Isadore Fisher retired from the hospital and Sister Dolores Lambert became the administrator. Sister Dolores came from an outstanding Catholic family, which gave two priests to the Church. Father Louis Lambert, a brother, was editor of the NEW YORK FREEMAN'S JOURNAL for a number of years and the author of many articles. Perhaps he is best remembered by his famous refutation of Robert Ingersoll's atheistic attacks upon the existence of God and the teachings of Christianity. Tradition tells us that Ingersoll recognizing an opponent abler than himself moderated his attacks and finally kept silence.

Sister Dolores' mother belonged to a distinguished Quaker family in Philadelphia, whose forebears had come over with William Penn. Consequently they belonged to the most select aristocracy in Penn's city of "Brotherly Love", and when their daughter married a Roman Catholic, they felt so disgraced that they left Philadelphia and went west. Louis Lambert, Senior, then brought his young wife to Pittsburgh. No word was ever received from the Quaker parents or other members of the family.

Sister Dolores inherited something of her mother's aristocracy although she was a very humble religious; from her father, she inherited personal beauty. "All Lambert men are handsome," remarked one who knew the Lamberts very well. Sister Dolores' gracious manners, her quick, far-sighted intelligence and good judgment made her very popular with the patrons of the hospital. It was her strong character that guided the hospital through the Panic which broke in 1873.

But it was a stupendous task. The hospital building was nearly twenty-five years old. It was constantly in need of repairs. Moreover, the Staff was asking for more up-to-date

equipment. Even in the best of times this would have been a problem; in a time of financial crisis, it was an impossibility.

The crash came in 1873 with the failure of the Jay Cooke Brokerage Company of Philadelphia. It brought ruin to thousands of banks and business houses all over the country. Pittsburgh did not escape. The Catholic Diocese of Pittsburgh faced the most critical period in its history. The Sisters at the new Orphanage on Tannehill Street expected daily to be evicted by the creditors with all the orphans in their care. Saint Mary's on Webster Street, the Motherhouse, was critically reduced, because in times of depression and crisis it has always been a Community custom not to expect pastors of poor parishes to pay the salaries of the Sisters teaching in the schools. At the hospital, the Sisters watched their meagre resources melt away. Unemployment brought sickness; more and more free patients sought admittance to the hospital; they came hungry, broken in health and spirit. Benefactors, who had been so staunch and loyal to the hospital throughout its twenty-six years of existence, were now struggling to save a little of their life-time earnings. So many of the oldest and most reliable firms in the city, those even regarded as impregnable in any crisis, were tottering and failing; men became skeptical; business men were loath to give credit anywhere.

Sister Dolores and the Sisters with stout hearts resorted to heroic means; they cut their menu down, we are told, to bread and tea for breakfast; a boiled potato and buttermilk for dinner; tea and bread for supper. Twice a week, a meat stew was made and poured over each Sister's potato. The patients had to be fed; appearances had to be kept up.

Finally one day, the service man came home from market with an empty basket. The grocer with whom the hospital had dealt for years,

had refused groceries without cash. This information was crushing, for at the moment they hadn't the cash. The torturing anguish of the Sisters can be grasped only when one considers that they had from thirty to forty sick patients to feed; and for this, they had neither food, funds, nor credit. The Sisters were assembled and told. Stunned and speechless, their faces already too thin and white, they filed into the chapel to pray, while Sister Dolores and a companion went out to beg the patients' dinner. Among the places visited that day was the office of Mr. William Thaw, iron master and railroad magnate. There is no record extant that William Thaw and the Sisters had ever met before that morning. But Mr. Thaw received them kindly; he listened to their story of distress. No one knows how many similar appeals he had been listening to for his philanthropy was great. When the Sisters had finished their story, he gave them twenty-five dollars, a large sum at that date; moreover, he dispatched a messenger to his grocer telling him to give the Sisters whatever they needed and he would be their security. This was magnanimous. There is no record of any further intercourse with the great philanthropist. Yet when he died in 1889, he had willed to the hospital the sum of \$20,000. This was the largest sum it had ever received.

Mr. Thaw's pastor, the Reverend Mr. E. R. Donehoo, had chanced to be in the iron-master's office on the day of Sister Dolores' visit and alluded to it in his funeral oration: in part he said:

The Sisters of Mercy Hospital, for whom he had the greatest respect, speak of Mr. Thaw in terms of highest praise. I was in his office one day when two Sisters of Mercy called to see him. They unburdened their troubles to him

as though he had been an intimate friend, and Mr. Thaw sent them away with money sufficient to relieve the wants of those in whose behalf they had come.

Mr. Thaw's twenty dollars gave temporary relief. Though the Sisters admired and were deeply appreciative of their benefactor's offer to be their security, they could not draw on his credit without some prospect that they would be able to repay in a few days. Besides, it was not the policy of the hospital to incur long standing debts. The daily struggle for existence made this a moral issue. Under this grinding poverty and worry, Sister Dolores fell ill and had to be relieved from office. She died April 10, 1876.

It was during this period of economic distress that the Sisters received word that Mother Francis Warde would be passing through Pittsburgh on her way home to New England after founding another new house of the Congregation, and that she would stop over in Pittsburgh for a few days. Not for all the world did the Pittsburgh Sisters want the Mother Foundress to suspect their straitened circumstances. This, they thought, they could easily prevent, since her visit would be short and she would probably want to visit each house she had opened and possibly some of the new ones. In this way her stay in any house would be of short duration and each house began planning and saving for her coming visit to it.

Mother Francis Warde arrived. She seemed so happy to be back again at her first foundation in the United States. And the Sisters were equally happy and welcomed her with affection and pleasure. Everyone revered her; the older Sisters loved her; had she not instructed them in the principles of the religious life and prepared them for their religious profession? The younger Sisters were eager to meet the great

woman concerning whom they had heard so much. It was a most happy reunion in spite of the depression. Mother Francis Warde was a humble woman despite her fire and burning zeal; in her great-heartedness, she did appreciate the sincere welcome of the Sisters.

But, like the Superior she was, her keen eye missed nothing. Wherever she went, she found the convents spotlessly clean and shining; she saw little new furnishings, but she recognized the old and took pleasure in telling when and where each piece was purchased. She saw no extravagance anywhere; the meals were frugal but wholesome and sufficient. True there was no banqueting. But on the whole the Mother Foundress seemed convinced that the Pittsburgh Sisters were weathering the crisis through their well-planned frugality. In fact she went back to New England and advised the Sisters there ~~to imitate the~~ Pittsburgh Sisters and they would have no more pecuniary worries.¹

Sister Dolores was succeeded by Sister Regina Cosgrove as administrator of the hospital. Sister Regina belonged to one of the early Catholic families in Pittsburgh. Two of her brothers became Diocesan priests while a sister joined her in religion. Sister Regina was one of the best loved superiors; she was considerate, understanding, but inflexible in maintaining the discipline of the Rule. Notwithstanding, she lacked the

I There is a tradition in the Community of Sisters of Mercy in Merion, Pa., that Mother Francis came to Pittsburgh to discuss some TYPE OF UNION for the convents in Pennsylvania. At that date there were only two such convents: Pittsburgh and Philadelphia. There is no such tradition in Pittsburgh.

business sagacity and discriminating judgment of her predecessor. Consequently, the day came when the Sisters physically exhausted began talking of closing the doors of the hospital for a few months. No Sister really wanted to do this, so in the hour of their dire need, they begged God to make known His will to them. Should they close?

One day while this half-hearted discussion was going on, Sister Regina was in her office going over her accounts, when Mr. James P. Barr dropped in. Mr. Barr, a prominent Pittsburgh citizen of his day, was editor of the PITTSBURGH POST for years. He had been an outstanding benefactor of the hospital for years. Speaking of critical financial conditions of the times and the insolvency of so many local businesses, Sister Regina mentioned the likelihood that the hospital might have to stop operations for a few months.

Her visitor protested vigorously against even entertaining such an intention. He declared that the hospital was a municipal need; that in a crisis such as they were going through the hospital was a stronghold of hope to the people. He ended by asking what the Sisters needed most to continue operation. Sister Regina led him to the linen press; linens there were so patched and threadbare they were scarcely fit to put on the bed of sick patients; repairs and replacements were needed everywhere. He began to see that the Sisters had not begun to debate closing without reason. However, he charged the Sisters with being too reticent. Then begging Sister Regina to stop all talking about closing he prepared to leave the hospital promising to do something to relieve the situation. That day marked the turning point in the crisis of the seventies. God had made known His will. The hospital was to go on.

CHAPTER VII

EARLY MEDICINE AND SURGERY IN THE HOSPITAL

"Neither hospital service nor medical care could be classed as scientific in the mid-nineteenth century," wrote Charles Singer, M.D., professor emeritus of the London University, in the British Medical Journal of 1951. And the reason he gives is that medicine was largely a body of empirical knowledge in 1850 transmitted to medical students through an apprenticeship system similar to that of the craft and merchant guilds. Nevertheless this method slowly yielded a rich harvest and laid the foundation of the clinical medicine of today.

From what has already been written, it is clear that the apprenticeship system was the first type of service in the hospital. Tradition adds the following features to it. When a patient presented himself at the hospital door, unless sent in by a doctor, the Sister Portress looked at him very searchingly for any suspicions of smallpox, diphtheria, scarlet fever, or other communicable diseases. No suspect was ever admitted to the hospital proper; he was sent to the annex to await the diagnosis of the doctor. Furthermore, "all patients in the hospital were treated medically as far as possible," wrote Sister Bernadine Kittell in her diary. In assigning patients to their departments, men went to the second floor, women to the third floor, and private patients to the fourth.

"As far as possible" means there was some surgery in the hospital, probably minor surgery. The first Report giving a list of the cases admitted to the hospital sums up: "These (the medical cases are all listed) with surgical cases 1027 patients were admitted." Wherever local literature mentions a surgical operation in the forties or early fifties, the place was either in the home of the

operative or in the office of the doctor.

Considering the high mortality of pre-Listerian surgery, the Sisters were very reticent about surgical work done in the hospital; Surgery was still a shackled branch of medicine. Healing by first intention was very rare, indeed. It did not matter how conscientiously a surgeon worked, nor how skillful he was, sooner or later the wound became infected. In fact, it was at one time thought that pus was necessary for healing. After an operation the surgeon watched anxiously; if pus formed in a day or two, the case was considered hopeful; but if no pus formed, then very soon the wound grew angry looking, sloughing began, gangrene set in, and death followed. Even minor surgery was a risk.

The Civil War, the development of railroads, the mechanization of industry forced the widening of the horizons of surgery. In 1858 Virchow published his "Cellular Pathologie" pushing the seat of disease from the tissues to the cells of the body. At once the study of comparative and morbid anatomy dominated all investigation. Henry Christian in "Present Day Medicine" states that "medicine advances by a periodic progression; for a certain period a method or viewpoint will dominate all investigation and progress will be along those lines." Medical schools devoted so much time to the study of anatomy that they practically overlooked the great physiological advances of that period: the glycogenic functions of the liver, the action of the pancreas, and the discovery of enzymes in the digestive process.

The times were propitious to surgery. In 1853 the hospital opened its first surgical ward. The Pittsburgh, Fort Wayne, and Chicago Railroad began sending into the hospital to Doctor Pollock all its employees of the area who were sick or injured. Soon after the Carnegie Steel Corporation began sending in its sick and wounded men. Surgery had definitely established itself in the hospital.

In those days there were no dePuy nor Zimmer

products on the market. Doctor Pollock and the other surgically inclined members of the staff were obliged to design their own splints and other orthopedic apparatus; it was the dexterous Edward Hart, the carpenter, who made them.

In 1820, Sydney Smith, an English physician, piqued perhaps by America's Declaration of Independence, asked his London clinic in which there were American Students: "What does the world yet owe to an American physician or surgeon?" The discovery of anesthesia in 1846 was one answer to that question, but it was not the last. In 1876 Lister declared "American surgeons are renowned throughout the world for their inventive genius, boldness, and skill in operation. To America we owe: anesthesia, the greatest boon ever conferred upon suffering humanity by human means. From America came the ligature of the common and the internal iliac arteries for aneurism; the reduction of dislocation of the hip joint by manipulation and the Sayre's splint for morbus coxarius."

Garrison, the American historian of medicine, sums up surgery in the fifties and sixties in the following terms: "Much bold operating on the osseous and the vascular tissues and in gynecology.

Constant with this progress, the 1858 Report makes special mention of an operation of the popliteal artery for aneurism. In 1859 the Report mentions the removal of a cancer growth from the breast; in 1863 the Report tells of an amputation of the breast for cancer. Amputation of extremities and removal of cataracts appear in every Report.

In gynecology, the stumbling block of the mid-century was the vesico-vaginal fistula. Doctor Marion Sims, pioneer in gynecology, described this operation in 1852. In 1860 a stubborn

case of this kind, which had frustrated all the efforts and science of two outside doctors, and which had been pronounced incurable was brought into the hospital to Doctor Pollock.

Doctor Pollock operated on the patient and while in those pre-antiseptic days it took twelve months to heal, the patient was discharged "cured." Doctor R. Stansbury Sutton gives Doctor Pollock credit for being the first Pittsburgh Doctor to perform an ovariectomy. The date given for this operation is March 10, 1867. THE PITTSBURGH MEDICAL REVIEW CREDITS Doctor Pollock with doing the first blood count in Pittsburgh. The date, 1851. In 1852, Doctor George Bruce performed a paracentesis thoracis for empyema.

The Report of 1865 tells us:

"The surgical department has been in operation for the past two years as a distinct branch. Here surgery is seen as a science. Preservation of parts is the ruling treatment....All necessary surgical appliances are always at hand.

"The general division of the hospital is into male and female wards, surgical and convalescent wards, private rooms, and drug room. Bathrooms are attached to each ward."

Specialization, we are told, came out of Vienna; obstetrics, surgery, and medicine were the specialties at the beginning of the last half of the nineteenth century. "Two movements contributed to the growth of specialization: the invention and diffusion of instruments difficult to use as the ophthalmoscope in 1851, the laryngoscope in 1855, and the expansion of the horizon of medical knowledge, for instance the progressive demonstration of the primacy of the nervous system leading to the doctrine of the neurome opened a new field of research and a new branch of medicine."

Although the concentration of attention and research was on surgery, nevertheless medicine was making considerable progress along physiological lines. Reference has been made to the discovery of the glycogenic function of the liver and the action of the pancreas; in 1851 we find in the medical student's register a diagnosis for "sugar". Fehling's solution may have been used. A few pages on the term "diabetes" is found indicating that the physicians on the hospital staff were no less awake than the surgeons.

Percussion and auscultation were becoming more and more a part of the physical exploration of disease. Perhaps the older physicians did not make much use of the one piece stethoscope; most of them used their ears unaided, yet even this was progress, for while formerly sight and touch alone were used in the examination of a patient, now ear, eye, and hand worked together. The power of the eye was extended by the use of the microscope. Doctor J.E. McGirr used the microscope routinely so his biographer tells us.

The cause of infectious diseases still unknown was the subject of much serious research among American doctors. As late as 1866 some thought typhoid and typhus fevers were only varieties of a disease produced by a common poison. Fevers and intestinal disturbances always held first place in the list of diseases treated in the hospital. The first Report lists:

Intermittent fevers	195	Typhus fever	19
Remittent fevers	54	Dysentery	56
Malaria	45	Cholera	15
Diseases of the lungs	69	Phthisis	38
not phthisis			

This is 401 patients out of a total of 567. From 1847 until 1849 dysentery was pandemic in

the United States. Many soldiers coming home from the Mexican War were victims of a type called Mexican dysentery and malaria. Those entering the hospital were in a debilitated state and several died.

In the early history, the theory of aborting disease was manifest in the huge doses of calomel and purgatives administered in most cases along with venesection and bleeding. Leeches, cupping glasses and the scarificator were as familiar objects in the hospital up to the turn of the century as vitamin pills are today. But there had been a growing opposition to blood-letting in fevers as early as the sixties. Robert James Graves, an Irish physician who began timing the pulse with the watch asked that "fed fevers" be his epitaph.

The remedies administered had all come into use as a result of empirical observation. "Don't ask me why I prescribe this drug; I don't pretend to explain it, but I have seen it do good," was a familiar reply to the inquisitive medical student. Some of the drugs as mercury, quinine, ipecac had by chance though unrecognized that we now call chemotherapeutic effects on the specific causes of certain infections; others as digitalis, the purgatives, salicylates, morphine, atropine had established values in the relief of urgent symptoms. Capsules, small pills and compressed tablets had not yet been devised. Teas were the order of the day, so were blisters, poultices and plasters. Hypodermic medication was in the experimental stage. The first hospital syringe screwed up and down.

Until 1893 the Sisters did all the nursing. They had only the simplest implements with which to work. In lieu of rubber hot water bottles and rubber ice caps, the Sisters heated bricks in the kitchen oven, wrapped them in pieces of old blanket and with much satisfaction carried them sometimes up several flights of stairs

in their big gingham aprons to the bedside of the subnormal patient. The hot bricks were later replaced by stone jugs, heated and filled with hot water; these were cleaner and remained hot for a long time, but they were heavy and cumbersome.

Diet therapy reflected the medical treatment of the time. A high caloric diet, such as might be served today, would have been regarded in that day as attempted criminal 'euthanasia' had the word been coined in the fifties, sixties, and seventies of the last century. Vegetables, with the exception of potatoes, though they may have been served, were not found on diet lists. Cereals, broths, soups, beef tea, bread, milk, tea, and coffee constituted the whole menu. Calories and vitamins had to take care of themselves; there were no commercial radio programs to tell the patient how dangerous it is not to take "one vitamin tablet a day".

For years, Sisters Monica Staub and Teresa Burgoon filled the charge of night duty; it was divided between them in this way. One rose at midnight, served as night-nurse until 7:00 A.M. then worked on day duty in some department until 12:00 A.M. The other, rising before 12:00 P.M. took over this department until 7:00 P.M. when she went on night duty until midnight. In this way, each Sister worked twelve hours and took time off for sleep and for her prayers. When a very sick patient was in the hospital, the medical student sat beside him all night; for this he was re-imbursed--fifty cents.

The night Sisters' station was on the third floor, outside the women's ward and near the back stairs. From this position, she could hear all sounds above on the fourth floor and on the second floor below. To assist them, the Sisters had trained a small dog; the dog's station was at the door of the big Men's ward on the second floor immediately under where the

Sister sat on the third floor. When a patient was restless, the dog fussed; if the patient attempted to get out of bed, the dog gave a sharp bark, unless the patient spoke to the dog. The dog seemed to recognize sounds out of the ordinary and would run upstairs to the Sister, if she too had not heard it and had already started down.

Every summer, when Retreat time came, a school Sister was sent from the motherhouse to fill the night Sisters' charges. Mother Bernadette Cosgrave, who entered the Community in 1870, and sometime during that decade was sent as one of the relief nurses, used to tell this incident as one of the most blood curdling experiences of her short nursing career. Coming direct from school, she had no nursing experience and perhaps as little aptitude for the art. She went on duty with a great deal of trepidation. Sister Monica tried to console her by telling her that she slept right inside the folding doors and that, if anything occurred, all she had to do was to step inside the door and speak to her.

Sister Bernadette took her station at 7:00 P.M. Every hour, as directed, she walked up the back stairs to the fourth floor, across the fourth floor to the front stairs, then down two flights to the second, across the second, then back up the rear stairs to her desk on the third floor. Thus she had made the "round" of the whole house. As the night advanced and nothing happened, Sister Bernadette began to think it wasn't so bad after all. Besides, a medical student was on duty on the fourth floor with a sick patient. Just before midnight, she made her last "round". The lights were all turned low; everyone seemed to be sleeping quietly; as she came along the second floor towards the back stairs, her heart stood still. For there leaning against the bannister of the stairs stood what appeared to her to be an intoxicated man, hat pulled down over his face. She said to herself: "Well, how did he get there?" Realizing she had to act and yet not awaken the patients, she addressed the slouched form in a low

voice: "Good evening to you". No answer. Thinking he had not heard her, she advanced a step and again repeated: "I say, good evening to you". Still no answer. She decided she would have to show her authority so a third time she said: "Gentlemen always answer ladies; I said, Good Evening to you". At that moment she heard heavy steps coming down the stairs, a man's step. How had two of them gotten in? She trembled from head to foot as the steps came closer. But what was this? A doctor! And he picked up his hat and coat from the banister and went out into the night without seeing her. Relieved she ran upstairs. Sister Monica was waiting for her, but all Sister Bernadette could do was to drop into a chair and sob from sheer relief.

Sister Bernadette had no aptitude for nursing yet she took her turn every summer at the hospital. One other summer she was sent to relieve Sister Berchmans in the drug room. On this particular morning Sister Berchmans passed the medicines and told Sister Bernadette to wash the medicine glasses and put the drug room in order for the day. Sister Berchmans went out to make her meditation. Sister Bernadette was busy at her task when a man's voice behind her said in the most pleading tone "Sister, give me an eye-opener". Nervously glancing at the bottles on the shelf she found not one of them marked "Eye-opener". The man became insistent. She replied, "You will just have to wait; I have not time to give you an eye-opener now". Able to stand it no longer she left the pharmacy. Finding Sister she asked "A man in the drug room wants an eye opener; what shall I give him?" Sister Berchmans laughed heartedly. "You little goose," she said, "the man wants a drink; he is an inebriate."

Sister Berchmans supervised the pharmacy on the third west for many years. Her knowledge of drugs at that time was considered very great.

The third west pharmacy was next to the Stevenson St. entrance which was guarded by a large statue of St. Joseph, a gift of Mr. James Andre in 1856. This entrance was closed in 1935 and St. Joseph has disappeared. During his long years of service he wore coats of many colors. In 1881 the Jubilee Year, some one gave him a coat of gold. Sister Berchmans always placed the doctors' mail at the foot of this statue and they picked it up as they came in. One day Dr. Stewart could not find his; he inquired of Sister. She asked the maid where she put the mail. Annie answered, "I put it behind the golden Jew". St. Joseph got another colored coat.

Sister Berchmans died in June, 1905. Sister Carmel O'Brien followed her but a few years she was assigned to the Magee Laboratory and Sister Clementine Becher took her place. Sister spent thirty-six years in the pharmacy. She was a very penitential soul; it was said she patterned her life after that of Sister Berchmans. One day her assistant pharmacist went to Sister Rose and said: "Sister Clementine's shoes are so worn, she can scarcely walk. May I buy her a new pair?" "Don't worry about Sister Clementine's shoes," laughed Sister Rose, "she probably has pebbles in them. Sister was much interested in the Missions and by selling Catholic magazines and through her mite box, she established a number of burses for the education of native priests in Africa, China, and elsewhere.

One of the most interesting characters in the hospital during the fifties, sixties, and seventies was Sister M. de Pazzi Russell. This Sister entered the Community the year the hospital was opened and lived until 1915. No one knew her exact age. One day the superior asked her how old she was. Quickly she replied, "I am seventy". She had been in the convent sixty-five years then.

Sister de Pazzi, after her return from the Civil War was assigned to the hospital isolation unit.

It is related that after one of the smallpox epidemics was thought to be over, Sister de Pazzi, believing they would have no new patients for a time, started fumigating and cleaning the wards. In the department she always kept a bronze or copper statue of Saint Joseph, to whom she had great devotion. During the fumigation of the rooms, the chemicals turned Saint Joseph black. Heretofore, Sister had always carefully removed the statue beforehand, but this time she forgot. During the scrubbing and cleaning, one of the maids put Saint Joseph out on the window-sill in his black coat. The house was finally cleaned and everything was in order; Saint Joseph had been completely forgotten. Night and day, rain or sunshine, Saint Joseph remained locked out as it were. Sister never missed the statue. One night sitting in her room - the quarantine had not yet been lifted, so she could not go over to the hospital proper - the door-bell rang. Answering the bell, Sister de Passi found a poor negro, his wife, and three children - all small-pox cases. They were admitted and cared for. The mother died; the others recovered. One day while Sister was engaged in the room, she spied Saint Joseph, not only black but covered with the dust and dirt of the atmosphere. Saint Joseph was quickly cleaned up and restored to his niche in the ward. But Sister de Pazzi was sure Saint Joseph got even with her for leaving him in his black suit out of doors for two nights and days.

After the Civil War, Bishop Domenec became much concerned over the number of wayward girls in the city. He asked the Sisters of Mercy to open a house of correction for them until he could arrange to bring the Sisters of the Good Shepherd into the Diocese. On the top floor of the same building, Sister began work with this class of girls, sent in by the court and even by their parents. A daily horarium was set up

for them, dividing the day into so many hours for study, so many for sewing or knitting, and so many for learning how to cook and keep a house neat and clean. In 1872, the Good Shepherd Sisters arrived. At the Bishop's request they took up their first residence in this house, replacing Sister de Pazzi in the care of the girls. In 1874, the Sisters opened their own house over on Troy Hill.

CHAPTER VIII

THE PERIOD OF TRANSITION

Doctor Daniel McMeal resigned from the hospital medical staff in 1872. He was the last of the original staff. Doctors Bruce and Pollock had resigned the year before; all three had given to the hospital almost twenty-five years of gratuitous service. Five years before their withdrawal, Pasteur and Lister had startled the world with the bacterial theory of the origin of infectious diseases and its application to sepsis. Strange as it may seem today, Lister's England and Pasteur's France were slow to accept this gift of God to science. It was Germany and German obstetricians who first benefited by the discovery; and it was through American students, taking post-graduate work in Germany that Listerism was finally introduced into American Medical schools; but that was in the eighties. The hospital staff of 1872 belonged, then, to the old school and while practicing the best and soundest medicine of their schools, were not too different from their predecessors. They remained students however, all their days; they introduced antiseptic surgery into the hospital; their records indicate other advances in knowledge, but to the end they remained practitioners of early medicine.

The armamentarium of the clinicians of 1872 included the thermometer for measuring temperatures; the stethoscope for detecting and interpreting chest sounds; the ophthalmoscope and laryngoscope for the examination of the eye and throat. The last two indicated that specialization was taking place in certain fields. And the hospital roster contains the name of Doctor J.A. Lippincott (1881-90) as ophthalmologist on the staff and Doctor J.C. Christy (1877-85) as the first laryngologist.

From 1872 until 1891, eleven physicians held membership of the hospital staff for a period longer than five years. The Doctor Dicksons seem to have been most influential during this period. The father, Doctor John Dickson, senior, had served on the early staff from 1859 until 1862; he resigned at that time to take charge of the hospital ship, which Pittsburgh was sending down the River during the Civil War with supplies for first aid treatment of the wounded men and for the purpose of bringing back to Pittsburgh, all those able to be moved. Doctor Dickson was held in high esteem as a surgeon; he is credited with the first tracheotomy done in this section, according to H.H. Donaldson, M.D. His biographer remarks: "Doctor Dickson was so great, he dared to be original."

His two sons were worthy of such a father. Doctor Dickson, being a rich man, could afford to give his sons exceptional educational advantages; both spent a couple of years in Europe after graduation from medical school; one did post-graduate work in Paris, the other in London. Doctor John S. came to the hospital in 1871; Doctor "Joe" came in 1872; Doctor John became president in 1874; when he resigned from the staff in 1878, Doctor "Joe" was elected president and remained in this capacity until 1891, when he resigned.

It had been a custom of the early staff to

hold staff meetings in the office of one of the staff members; in this way, the minutes of these meetings were not reserved at the hospital but in the office or possession of the secretary or the staff. When Doctor John S. Dickson became president of the staff, one of his first executive motions was to appoint a new secretary and direct him to obtain the minute book and all the old records from the previous secretary. Though several attempts were made, the records were not forthcoming. The consequence is that all staff records begin in 1871. All previous ones have been lost. From that date, all meetings of the staff have taken place in the hospital and the minutes reserved there.

Doctor Joseph Dickson came to the hospital in 1872 during one of the most virulent and persistent smallpox epidemics, the epidemic of '71, '72, and '73. He took charge of the isolation unit and his success was so marked that even this early it was said that "his father's mantle had fallen upon him." But all the Dicksons were surgeons, and it was not long before Doctor "Joe" transferred to that field also.

Sister Dolores Lambert, it will be remembered, was administrator during the early seventies; working with the Dicksons, she affected some changes in the hospital method of keeping records. The card system was introduced. There were cards for the admission of patients; cards for brief case histories; post-mortem blanks; and cards or slips for marking temperature readings, medical prescriptions, and diets. The hospital register was revised to include the disease of the patient and remarks on the treatment and progress. The "Rules and Regulations" for medical students were amended; directions were drawn up and posted in all the departments regulating the conduct of patients and their visitors at all times, but especially when the doctor was making his "rounds" of the wards. Finally, the staff requested that a Sister accompany

the doctors as they made their daily visits to the patients "provided with all the accessories for the visit."

Doctor John Dickson, Jr. presented each hospital department with what might be called the first chart desk, where all these cards and slips were to be kept on file for reference. Once the card system was in operation, it worked very satisfactorily with one exception: the case history records. No one had thought of appointing a record librarian or electing a committee on medical records, or even gathering all the records into a central record room. Time passed, then at one of the meetings, after the depression had given place to more prosperous times, the staff decided to publish a medical Report of their hospital work. Two doctors were appointed to examine the case histories in each chart desk and bring in the total data. At the next meeting the two appointees came back with the shocking report, that there had been so many defaulters, that there was little data to be presented and no record could be published.

The Dicksons were benefactors of the hospital during the period when the Sisters were straining every nerve and fiber to keep the hospital in operation. The surgical side of medicine, due to the development of industry and of railroads, was constantly demanding more and more beds for patients. There were now five surgeons working in the hospital, not counting the ophthalmologist and laryngologist. The Sisters could not always afford to buy more beds. During the crisis of 1873 a hospital in the section was forced to close its doors. Doctor Joe purchased, at his own expense, the beds, bedding, and other hospital furnishings and presented them to the Sisters, that they might provide custodial care for a greater number of patients. Although the hospital was still the "60" bed hospital of 1848, we read soon after this: "the hospital is now almost a 100-bed hospital."

Hitherto all surgery done in the hospital had been done at the bedside of the patient; ward patients were taken to some vacant room. This continued through part of the seventies. Sister Etheldreda Ermire used to tell of an operation performed on her mother for the removal of cancer of the breast. At the time Sister was a child about ten or eleven years old. On the morning of the operation, her father brought her into the hospital with him. She remembered sitting silently at her mother's bedside awed by the sense of something terrible hanging over her beloved mother. Her mother was silently praying, when suddenly the door opened. A Sister entered and rolled up the strip of carpet, then poured water from the big pitcher on the stand into an equally big basin. As she did this, two men came in carrying a long table. The Sister taking the little girl by the hand said quietly; "Now we must go out for awhile." As she went out, she saw the doctors standing coatless ready to go in. She saw no more. The operation was performed in her mother's room.

But Doctor Joe disapproved of such an operating room. The feeling for surgical cleanliness was becoming apparent, so the best the Sisters could do at the time was to abandon the bedside for a corner in the drug room. Sister Berchmans Hostetter, the druggist, took on the added responsibility of operating room supervisor. This was not too onerous a task since operations were something out of the ordinary in those days. Yet a little maid made all the preparations for the operation and cleaned up after it was over. All instruments and the paraphernalia for administering drop ether were kept in the drug room.

One day after the drug room had assumed this double role, Sister Berchmans, coming back from Vespers, found the little maid stretched out on the floor unconscious. Alarmed, Sister called

the superior and the doctor. The child had never been sick before and even now the doctor failed to find anything wrong. The child was put to bed and watched; next day she seemed perfectly well and was sent back to duty. Several weeks passed. Then again the same thing happened, but this time fumes of the anesthetic could be detected in the room. When questioned why she did such a thing, the child's only explanation was: "I like it."

The hard lean years of the seventies finally came to an end. The year 1881 marked the Golden Jubilee of the Congregation. Sisters of Mercy all over the world were celebrating it. It was not difficult for the hospital Sisters to decide how to commemorate their Jubilee in a manner befitting their service to the poor and sick. They would build a MEMORIAL WING to the hospital thus increasing their work of mercy. There were no funds, but neither had there been funds in 1847. God would provide. To assume responsibility for raising the necessary funds and to build the new wing, Sister M. Sebastian Gillespie was sent to the hospital as administrator.

To the Sisters of today the very name of Mother Sebastian is synonymous with strength, resourcefulness, courage, and foresight. She seemed born to rule and she did it with wisdom and love. A descendant of an old pioneer Catholic family in Butler County, she inherited the strength and determination of her father, with the gentility and great-big-heartedness of her mother. These qualities recommended her for big ventures in the Community.

Shortly after Sister Sebastian was appointed administrator of the hospital, a gentleman was brought in with typhoid fever. He happened to be a member of the congregation of the renowned Protestant divine, Reverend Henry Ward Beecher. The gentleman was visiting in Pittsburgh when stricken. We will let Doctor Beecher tell of

Sister Sebastian's care of the patient:

"He was taken to a hospital under those Christian, Catholic women, the Sisters of Mercy of Pittsburgh. And so, when staggering at last, he lost step and fell utterly powerless and helpless, he was tenderly borne to the bosom of their sacred love.

Soon after he entered the hospital, Sister Sebastian, on whose head may the dear Lord lay His hand warm with blessings, knowing him to be alone, and faithful to herself, her Saviour, and to him sat down by his side and asked after his spiritual welfare, whether he had been baptized, whether he had been educated in religious knowledge, whether he was prepared, should things go adversely, to meet his God. And she received answers very sweet and comforting in every respect. She took charge of him, and no care could have been more unremitting, more tender, patient, long continuing than that which was given to him.

These Sisters, let me say, in the fulness of thanksgiving to God exemplify to us more than all creeds, dogmas, or organizations, what it is to be a Christian." ¹

Sister Sebastian's first step towards building the new wing was to incorporate the hospital under its own charter with a lay Board of Directors. James P. Barr, Esq., had been actively helpful to the hospital administrators ever since the pecuniary difficulties in the seventies. With his aid the incorporation was effected on October 28, 1882. The date was auspicious for on this date the Church celebrates the feast

1 This excerpt from Doctor Beecher's funeral oration carries the date of June 23, 1883.

of the two Apostles, Saints Simon and Jude.

The first Board of Directors was well chosen. It was composed of men known for their benevolence, their sagacity and good judgment in business transactions. They were:

James P. Barr
Benjamin F. Jones
John Birmingham
Christopher Magee
William F. Smith

John D. Scully
John B. Larkins
Thos. M. Carnegie
Jas. D. Callery
Anthony F. Keating

Thomas M. Carnegie was the first president of the Board; by previous agreement, the Sister administrator was to be the treasurer. The first official act of the Board was to purchase a lot to the north of the original hospital on Locust Street. This lot was 520 feet by 150; the cost was \$25,000. The debt was secured by a mortgage. Certainly the Sisters had Faith in the goodness of God. "Without Me you can do nothing," said Christ: "I can do all things in Him who strengtheneth me" cried Saint Paul. Here was the Sisters' confidence anchored.

Supported by their Board of Directors, the Sisters now launched a drive for funds.¹ On November 11, 1882, the hospital published this statement:

"The institution is crowded; every bed is

1 THE PITTSBURGH CATHOLIC - May 13, 1882

With Pittsburgh's growth of population within the past years, the rapid increase in manufacturing enterprises, and the unusual activity in the railroads and in every branch of industrial life, no want has been felt more seriously than the lack of adequate hospital facilities.....it is well known that all hospitals have been crowded to the

occupied; every cot and every lounge has been utilized for patients. The capacity of the hospital is about 70, yet there are nearly one hundred patients in the institution at the present time.

utmost. To relieve this situation the Sisters of Mercy Hospital have decided to build a new wing that will cost approximately \$51,000.

The building will be located on the piece of ground adjoining the site of the old building on the north, at the corner of Stevenson and Locust Streets. The ground plan of the new building may be roughly compared to the letter L; the long arm will extend 142 feet along Locust Street and the shorter arm 117 feet along Stevenson Street. There will be two principal entrances to the new structure, the one midway on the Locust Street front, and the other on Stevenson Street near the corner. The building will be five stories high on Stevenson Street, four stories on Locust; it will be of brick with stone trimmings and will be provided with the latest conveniences. The slope of the ground gives the first floor on Locust Street the character of a Basement.

Entering the Locust Street entrance, the visitor will find himself in a broad corridor extending back at right angles with the street and crossed by another running lengthwise. The basement will be used for storage. Along the Stevenson Street side the space is taken up with parlors, offices, and a drug room. A hydraulic passenger elevator near the Stevenson Street entrance carries passengers to the upper floors.

In the rear and between the two wings is located an underground boiler house; the floor

The drive was a success; it netted about \$35,779.00. The Board of Directors through their influence and persistent efforts secured a State appropriation amounting this time to \$30,000 which was to be used for building purposes only. In the summer of 1882 the digging of the foundation was begun. A number of colored men were engaged for this task. Boyd's Hill, it will be remembered, had in previous years been used for cemetery purposes. Both Catholics and non-Catholics had burying grounds here. After the city grew into this section, the remains were removed and those in the Catholic Cemetery were buried in the new Saint Mary's Cemetery which had just been opened. But, there must have been some old forgotten graves unopened. When the diggers worked down about six feet they began to throw up human bones. When it dawned upon the poor negroes what they were bringing up, they came out of the pit panic stricken and refused to go back. They wanted no spirits haunting them.

of it lies four feet beneath the basement. Besides the ordinary heating apparatus there will be a smaller boiler to keep up the supply of hot water in summer throughout the building. The plan includes a number of smaller units to be used as wash-house, bathrooms, and similar purposes.

On the fourth floor, Stevenson Street side, the front will be fitted up as a chapel. Immediately over the chapel on the fifth floor will be an operating room, a morgue, the physicians rooms, etc.

February 14, 1885. A statement in the Pittsburgh Catholic informs us that the Memorial Hospital wing, though but one third finished has been opened and occupied to that extent.

Other workmen had to be secured. When all the remains excavated were assembled, they were laid in a fitting receptacle and re-buried in Saint Mary's Cemetery.

For some reason the building went up very slowly. It was rather providential though for Doctor Joseph Dickson had become interested in gynecology and was asking for a special department for it in the hospital. This entailed a change in the plans.

In 1875-76 Doctor Bernard Burns came to the hospital as a medical student. He was a graduate of the Jefferson Memorial School in Philadelphia. Seeing an opportunity for greater service to humanity in this new branch of surgery, gynecology, he went to Europe, to Berlin and Vienna after a few years of practice in Pittsburgh. There he studied under master gynecologists. He came back to Pittsburgh and to the hospital in 1885, the year Sister Magdalen Phelan became Administrator. She too favored a department for gynecology and met all Doctor Dickson's stipulations.

The PITTSBURGH CATHOLIC in 1888 announces a LYING-IN HOSPITAL AT MERCY. The Hospital Report of 1888 tells us:

One entire floor of the new large building on Locust Street is assigned to its use. It includes several suites of large cheery rooms and wards capable of accommodating seventy patients. There is also a gynecological operating room on the fourth floor equipped with all modern conveniences. The department is under the charge of Doctor Joseph Dickson and Doctor Bernard Burns. It is conducted on antiseptic principles.

On the hospital register there are a number of obstetrical cases recorded with healthy deliveries between 1880 and 1885. In Sister Magdalen's time no obstetrical work was done in the hospital.

Besides the gynecological operating room on the fourth floor of the old building, there was a general operating room on the fifth floor of the Stevenson Street wing. The pharmacy was no longer acceptable to the surgeons. In this fifth floor operating room, the carbolic spray was used. In the MEDICAL AND SURGICAL REPORTER of October 12, 1878, Doctor Hengst reports one of his operations. "After the operation," he says, "the whole surface of the wound was sponged with carbolic acid. This is almost always done after a capital operation in this hospital." This was before Doctor Burns came back from Berlin and Vienna. Joseph Lister had demonstrated his antiseptic method at the 1876 Centennial in Philadelphia; it did not meet with too much enthusiasm from some American surgeons; with others it did; his system had definitely taken root in American soil.

Doctor Joseph Dickson had always been progressive and a student and reader of current professional literature; seeing the newer trends in surgery, he, as we have seen, transferred from general surgery to gynecology. But the American profession had little knowledge of the pelvis and abdomen in those days. As a few ambitious ones like himself wanted to acquire that knowledge, they rented a room where they could come together for exchange of ideas and a bit of research. Soon the citizens discovered that the doctors were secretly bringing to this room cadavers for anatomical examination and study. A hue and cry went up. Was there "body snatching" in Pittsburgh too? The storm fell heaviest on the head of Doctor Joe in whose name the room had been rented. "Grave snatching" was a penal act and quick action had to be taken.

"Grave Stealing" in America never developed into the racket it became in England, but our

country was not entirely free from it. Helen Clapsattle in her biography of the "Mayo Brothers" relates how in the days of his early law practice, Benjamin Harrison, who became the twenty-third president of the United States, was engaged by a client to find his father's body, which had mysteriously disappeared from its grave. Looking for it in the morgue of a medical school, young Lawyer Harrison found not his client's father's body, but the body of his own father concerning which he had had no uneasiness.

Young American doctors going to the continent of Europe for post graduate study routinely verified their diagnoses of cases that had died, by investigation in the dead house. The great Masters of France, Germany and Austria prescribed this verification for their students. To continue this practice on their returning home would not have been unlikely.

The American people then were always more or less on the lookout for everything that looked suspicious. On almost religious grounds they opposed the use of the human body for anatomical purposes. What preceptors of young medical students were likely to do can be easily imagined.

Now there was no denying the case of the Pittsburgh doctors. Doctor Dickson managed to keep further notice of it out of the daily press, and then turned his attention to getting through the Pennsylvania Legislature a law which would permit the medical profession to use unclaimed bodies for scientific investigation.

When the Pennsylvania State Legislature passed a law permitting the use of unclaimed bodies for scientific research, Doctor Joe

Dickson with the permission of the management began to perform autopsies in the garden house built sometime before by Father Kittell. Sister Carmelita Kennedy related how she was often sent to prepare for these operations and to straighten up the room after they were over.

These autopsies of unclaimed bodies posed a problem for the Administrator. The city would not bury them; the hospital had to assume this burden. Reference here is made to Protestants; Church societies took care of the bodies of unclaimed Catholics.

Some of the non-Catholic doctors in the hospital told Sister Sebastian that the Allegheny County Cemetery Association would not want her to bury, at her expense, the Protestant patients if they were informed. Sister Sebastian first consulted Bishop Inelan as to her obligation to bear the expenses of the burial of non-Catholics. His reply follows:

April 1883

Sister Superior:

Christians of all denominations who may attach importance to Christian burial according to the forms of their respective beliefs or in places as may be prescribed have a right to have their convictions respected after death as well as during life. To deprive them of this because they are poor or deserted would be, it appears to me, both unchristian and unfeeling.

The Magee Laboratory was not opened until 1900.

If Christian burial was not asked for nor really desired, or if the bodies would be returned and guaranteed burial in the places where those of their denomination are usually interred, I see no objection to giving bodies for surgical or scientific purposes. Otherwise, I fear there would be such prejudice aroused against your hospital as would destroy its usefulness as a Charitable institution.

Yours faithfully in Christ,

R. Phelan

Sister Sebastian then wrote to General Moorhead, President of the Allegheny County Cemetery Association. Her letter is not extant. The reply follows:

My dear Madam:

Your letter to General Moorhead was presented by him at the meeting of the managers of the Allegheny Cemetery Association held yesterday. Those present were not prepared to take action but referred the matter to the next meeting to be held on the first Friday of May.

You do not, as I understand your note, ask simply for space for a grave but also that the grave should be dug and filled in at the expense of the cemetery, which would put us to an expense of from \$5.00 to \$7.00 for each burial. Am I correct in this?

I have understood that Mercy Hospital received Protestants only as pay patients and in no case for charity. Am I correctly informed on this point?

If you will reply to General Moorhead or,

to me, the matter will be presented at the next meeting and you will be promptly notified of the action taken.

April 14, 1883

Charles E. Spear

Sister Sebastian's answer to this follows:

Charles E. Spear, Esq.

Your communication of the 14th inst. has reached me. You wish to know if in asking you for graves for Protestant charity cases who die here, I meant that the graves be dug and filled in. I did.

You say that you have understood that Protestants are received here as pay patients only, and in no case for charity and ask to be informed if that is the fact. It is not. At the present time of our charity patients eight are Protestants. Two of these we shall in all probability have to bury. It is for such cases that I wrote General Moorhead soliciting graves.

Within the last three months I have paid for five graves in Protestant burial grounds. Protestant gentlemen have told me that the managers of the Allegheny Cemetery Association would not permit this done were they aware of it. It was their assurance that emboldened me to write to General Moorhead when a Protestant patient died here last week.

I may here say for your information and that of the Board of managers of the cemetery that I do not think the time has ever been since the hospital opened more than thirty-five years ago that there were not Protestant charity patients within its

walls, and I can positively assert that no patient has ever been refused admission on account of his or her religious or non-religious belief. The institution is Catholic not sectarian.

Very respectfully yours,

Sister M. Sebastian

The final correspondence came on May 5, 1883:

Dear Madam,

At a meeting of the Managers of this Association held yesterday, the following was adopted:

RESOLVED: That the secretary be directed to reply to the letter of Sister M. Sebastian in charge of Mercy Hospital and state that the grounds already set apart for single interments in Allegheny Cemetery afford sufficient space for the burial of any charity patients belonging to the class of worthy poor without regard to their sect or faith who may die in the hospitals of the city. The superintendent already has full power to grant such permits, but the Managers of the Cemetery decline to pay the expenses connected with the digging of the grave and interment.

Which is herewith done.

James R. Speer
Secretary

The fact that all city hospitals were confronted with the same problem finally brought action from the city authorities, and arrangements were made relieving the hospitals from this expense.

The introduction of antiseptic surgery into the hospital, though a step forward, did not mean that modern surgery had been introduced. The cavities of the body, except in cases of accident, remained a "sanctum sanctorium" which no conservative surgeon would invade. The abdomen was still an unknown unexplored region. Doctor John Jenkins Buchanan summed up the surgery of this period thus:

herniotomy
lithotomy
ovariotomy
tenotomy
hemorrhoids
fractures

amputations
ligation of arteries
reduction of dislocations
hare-lip and cleft palate
removal of breast for cancer
trephining of skull

Since the time of Doctor Pollock who performed the first ovariectomy in Pittsburgh and did the first blood count, the hospital kept abreast the work in gynecology done elsewhere in the country. Doctors Schendel and Voight did much gynecological work in the hospital in the eighties but their names do not appear as members of the medical staff. The records show considerable draining of ovarian tumors and cysts at first; then came a few ovariectomies and an occasional supra-hysterectomy.

During the eighties also both Doctor Lippincott and Doctor Hengst were frequent contributors to medical literature. Doctor J.J. Buchanan gave Doctor Hengst credit for performing the first tonsillectomy done in the hospital. He stood his patient up against the wall and pinched them out.

From time to time throughout Pittsburgh history the Allegheny and the Monongahela Rivers staged floods. Yet one of the most historical of this period was not due to these two Rivers but to the flooding of the Conemaugh River which broke its dikes and flooded the unfortunate city of Johnstown. Thousands of lives were lost; other

thousands were made homeless. Chaos and flood were masters. The country at once came to the aid of the prostrate town. Mercy Hospital at once went with supplies to the rescue.

Doctor Joseph Dickson¹ organized a corps of fifty doctors and took them to Johnstown by special train. A hospital was set up to give immediate medical attention. Working with the local authorities and the local physicians the stricken Valley was districted and a regular system of medical supervision was inaugurated. One day "Doctor Joe" suddenly returned to the hospital. The hospital had volunteered free care to all Johnstown victims. He brought the first: a new mother on a mattress; out of his huge ulster pocket he surprised Sister Marguerite Golbach by pulling a new born baby. Handing it to her, he directed that she take care of it.

The Sisters not only offered free care to the flood victims, some went to Johnstown to work. The Most Reverend Richard Phelan went down with a corps of priests and Sisters, for Johnstown was in the Pittsburgh Diocese at that date. His Excellency said later: "I asked four Franciscian Sisters and a number of Sisters of Mercy to go down and stay. Nine Sisters of Charity were on the scene. I told Doctor Dickson if he needed more to telegraph me and they would be sent at once. All workers remained on the scene for nearly thirteen days; then local doctors and military authorities took over the rehabilitation. Altogether fifty sick and wounded flood victims were brought to Mercy where they received free care." and wounded flood victims

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1. It was while Doctor Joseph Dickson was president of the Staff that we read: "April 5, 1872. The Staff are to be recompensed when attending private patients more than once a day."

CHAPTER IX

MODERN SURGERY COMES TO THE HOSPITAL

I

Great events often come in humble vesture and look for all the world like every day occurrences; it takes time to recognize them for what they are. It was in this way that modern surgery entered the hospital. In the summer of 1884, a young Irishman, Robert Wray Stewart, a medical student at the Bellevue Hospital Medical School in New York City, came to the hospital during his vacation to get some practice in medicine. In the summer of 1885, he came back for more clinical practice. After completing his medical course in New York, Doctor Stewart crossed over to London and did graduate work in the Royal College of Physicians and Surgeons. On his return to Pittsburgh and the hospital, he was unanimously elected to the medical staff on October 5, 1888. There was nothing out of the ordinary in all this.

Neither did the hospital authorities see anything prognostic when, six months later Doctor Xavier Oswald Werder, another alumnus of the New York University with two years' experience in the world renowned clinics of master gynecologists in Germany and Austria, was elected to the staff. It was true the medical staff had acquired two exceptionally talented and skilled young doctors, but the roster of the hospital had always carried the names of men outstanding for their skill and knowledge.

A year passed. In April, 1890, young Doctor John Jenkins Buchanan, a graduate of the University of Pennsylvania, attracted by the brilliant work being done at the Mercy,

left his father working in the Western Pennsylvania Hospital, and joined the Mercy Hospital Staff. These three were kindred spirits. Working as one man they brought modern surgery to the hospital in the late eighties. Moreover, working with Doctor R. Stansbury Sutton of the Western Pennsylvania Hospital, they introduced it into Pittsburgh. Not only were they the fathers of modern surgery in Pittsburgh, they continued to stimulate and even dominate medical thought here throughout their lives. But their professional influence extended far beyond the boundaries of city or State. Carried by the men they taught and inspired with high ideals, their influence was felt as far away as Asia and South America.

Doctor Stewart's brilliant work attracted the attention of the medical profession in England with the result that the Royal College of Surgeons conferred upon him a fellowship. His memory in Pittsburgh is perpetuated by the PITTSBURGH ACADEMY OF MEDICINE, which he founded. Doctor Werder also acquired international fame as one of the greatest gynecologists of his time. In this country, he was the founder of the American Association of Obstetricians and Gynecologists. In Pittsburgh, he edited the PITTSBURGH MEDICAL REVIEW for a time. Doctor J.J. Buchanan, whose membership extended long after the decease of his two colleagues, was no less great. At the time of his death in 1937, his career was acclaimed "one of the most brilliant in Western Pennsylvania." His skill received recognition in this country when the American Surgical Society, a very exclusive group, invited him to membership. He was a charter member of the American College of Surgeons, and one of the founders of the Societe Internationale Chirurgie of Brussels, Belgium.

Each was a great man and a great surgeon in his own right, but by pooling their science and skills, they left a deeper mark on American medicine than they could have done otherwise. Their unanimity extended beyond their science; they were friends. Doctor Buchanan used to tell of a time when all three went to Philadelphia to a medical convention. One evening, the meetings were recessed in order that the doctors attending the meeting might attend Grand Opera, which was in the city that week. The three talked it over; they decided it would be a far greater pleasure for them just to have one whole evening together all by themselves.

Perhaps the crowning glory of the three is best expressed in the words uttered by Doctor Buchanan shortly before his death, which occurred on August 24, 1937:

It will be the pride of my life if, when I pass, I shall leave a coterie of men whose natural talents and abilities I have been able to shape in a surgical way.

But the road to so much success was often rough and sometimes even stormy. It must be realized that despite the trend of the times towards modern surgery, surgeons of the older school ankylosed in the idea that the abdomen was inviolable, distrusted every laparotomist. And sometimes, it was not without reason; there were too many men at the time attempting abdominal surgery without the requisite anatomical knowledge. Such unscrupulous daring called for the censure of all self-respecting surgeons. While in the hospital there could have been no question of the unpreparedness of the three assistant surgeons, yet the older men were skeptical and

perhaps a bit jealous of the younger generation, which was able to do things, for which they, themselves, were unprepared. Consequently, one can appreciate the situation in which Doctor Werder once found himself after he had performed an abdominal section in the home of a patient: He was surrounded by the strong arms of the law. If the patient died! - But the patient lived.

In spite of the hesitancy of the senior staff surgeons, the three young men, confident of their powers were extending their surgery to every organ in the abdomen; they were invading the upper abdomen when most surgeons of the day were still content to confine their work to the pelvis. In other words, they were working in the vanguard of the new surgery. But the senior doctors were not the only ones in the hospital who were sometimes anxious and worried. There were the Sisters. What must have been their feelings, when on March 6, 1889, Doctor Stewart performed a cholecystotomy in the hospital? It was the very first one in Pittsburgh. It was a success, but who knows how many hours some Sister knelt in prayer before the Great Physician begging Him to guide the hand and direct the judgment of the young operator. Many a prayer accompanied the introduction of aseptic surgery to Mercy. Doctor Werder used to tell how some worried Sister would come to him before a big operation and plead; "Doctor, please do not operate on Mrs. _____; I know she will die."

Shortly after Doctor Werder* was elected to the medical staff, Doctor Burns, the chief gynecologist, developed a brain tumor. Knowing that no surgeon in this country could help him, he went to Europe. But even there brain surgery

* Doctor Werder performed the first two laparotomies performed in Western Pennsylvania. Pittsburgh Medical Review, 1891.

had not developed sufficiently to give him relief. He came back to the hospital as a patient and died here on January 28, 1892. Doctor Werder took up his work. Doctor Joe Dickson recognized the young man's skill. When a big gynecological operation was scheduled for next day, he would say to Doctor Werder: "I may be late tomorrow, but I have every confidence in you. Begin the operation on time, just as though I were here to assist you. I'll come as soon as I can." And Doctor Werder would begin and often complete the operation alone.

There were no specialty boards in the nineties, no rigid division of work, such as exists today; Doctor Werder worked chiefly in gynecology. This field he developed in a marked degree; yet it was he who performed the first Caesarian section in Pittsburgh in 1894; but even before that date, in 1891, he did the first gastro-enterostomy done in Western Pennsylvania. Doctor Werder was a very modest man; what other "firsts" are to be accredited to his name is unknown, because he opposed every effort of his colleagues to publicize his masterful work. He devoted much time to the study of cancer of the pelvis and is credited with the original operation for the radical treatment of carcinoma of the cervix by igni-extirpation; this operation has been improved upon, and is now superseded by the Wertheim operation.

Doctors Stewart and Buchanan were general surgeons, although Doctor Buchanan's first operation in the hospital was an ovariectomy. In the nineties, both men did much work in urology, and even devised some of the urological instruments they used. However, Doctor Stewart did considerable work on the gall bladder at this time.

Aseptic surgery was changing the health picture in the nineties. Dyspepsia disappeared surprisingly with the draining of diseased gall-bladders. Stomach trouble, once considered the result of bad eating habits, such as eating greasy fried foods, hot breads, heavy pastries, etc., had always been treated with cathartics, pepsin, and hydrochloric acid. But age-old gastralgia disappeared upon the removal of a diseased appendix. Stomach cramps likewise yielded to repaired hernias. But the first hernia operation did not give permanent relief; the hernia came back. It was Bassini in Padua, Italy, and William Halsted at Johns Hopkins who gave strength to the repair by sewing in layers of muscle and fasciae of the abdominal wall.*

On January 17, 1890, Doctor Stewart performed an ileo-colostomy and cholecystotomy; on March 24, 1894, less than a year after Fedor Krause performed the first of its kind, he operated on the Gasserian Ganglion. Cancer of the abdomen posed a problem for all surgeons of that date. How much of an organ could be safely removed? How, after the removal of a cancerous section of the intestines, for instance, could the two open ends be united so as not to form a scar that would close up or even partially close up the passage? Doctor J.B. Murphy of the Mercy Hospital in Chicago solved this last problem. He produced what was known as "the Murphy Button"; this held the ends together when the healing was complete. The first end to end anastomoses of the colon and sigmoid was done in the hospital on January 8, 1897. Doctor Stewart was the operator.

The introduction of modern surgery into the hospital entailed great expenditures of money, for new departments and expensive equip-

ment were required. Sister Magdalen had watched the work of the three young men; whole-heartedly she had encouraged them, for Sister was a superintendent of vision, determination, and courage; she saw what was to the best interests of the hospital, and supported by her congregation, she provided to the extent of her resources.

But not only did she watch and note the superiority of aseptic surgery, she was alive to a defect in care of patients. The Medical staff was a rotating staff at the time; a doctor served two months and was succeeded by another. Naturally the one coming on a serve was more interested in the patients admitted to his service than to ones already in the house; and these sometimes needed much attention. She, therefore, proposed continuous staff service. Immediately, the staff objected. Hospital service was free service. Continuous service meant fewer office hours. The staff argued continuous service had been adopted by only a few hospitals in the East. It had no precedence here. A rupture was threatened; but both staff and management held obstinately to their point. Then senior members made it quite clear they would resign before they would submit. One man only, Doctor Hengst, signified his willingness to give continuous service a trial.

The Sisters as well as the doctors were disturbed. The older Sisters adverse to changes kept recalling the many kindnesses senior staff men had shown the hospital; they were inclined to oppose any action that would offend these men, especially Doctor Joseph Dickson. The younger Sisters awake to the newer trends in medicine stood firmly behind Sister Magdalen's determined course. Both sides tried to convince Mother Sebastian, the Mother Superior, that their view of the

question was the correct one. Perplexed, Mother Sebastian came to the hospital; she talked to each of the Sisters; she talked to the Doctors; she asked the prayers of the Community that the Holy Ghost would enlighten her to make the right decision.

One day during this period of deliberation Sister Camillus McGirr from Saint Xavier's came to the hospital to see Mother Sebastian; she was on her way to the chancery to see Bishop Phelan on some Saint Xavier's business. In their conversation, Mother Sebastian remarked that she had been thinking of consulting the Bishop herself. Sister Camillus asked if she could be of any service. Mother Sebastian, believing she herself was the proper person to approach His Excellency on the hospital problem and yet feeling she was not prepared to do so, told Sister to say nothing.

Sometimes it is not easy to say nothing. When His Excellency had settled the matter Sister Camillus had presented to him, he asked her about the hospital. Sister, in her effort to be discreet, blundered by saying Mother Sebastian did not want him to interfere.¹ Naturally His Excellency's feelings were wounded. He told Sister in no uncertain terms that he would respect her Superior's wishes. Sister Camillus, distressed over her blunder, hastened back to the hospital to acknowledge her faux pas. Then indeed did Mother Sebastian have trouble on her hands.

After much prayer, after consultation with the Bishop and others, Mother Sebastian decided that Sister Magdalen was acting in the best interests of the patients and therefore should proceed with the re-organization of the medical

1 Sister Camillus often told this blunder herself.

staff. With this decision, seven of the senior staff members resigned; Doctor Bernard Burns, a patient in the hospital, made eight vacancies.

Sister Magdalen immediately called a meeting of the doctors remaining in the hospital for January 2, 1892. She asked Doctor Stewart, now a nephew-in-law, to act as temporary chairman until the new staff was elected and organized. With Doctors Hengst, Buchanan, Werder, and Moyer of the old staff and four new men favorable to the idea, the meeting convened on the second of January and elected the first medical staff of continuous service west of the Alleghenies.* It consisted of:

1892-1900	Doctor D.A. Hengst, President, laryngologist
1892-1915	Doctor R.W. Stewart, surgeon
1892-1937	Doctor J.J. Buchanan, surgeon
1892-1919	Doctor X.O. Werder, gynecologist
1892-1924	Doctor I.J. Moyer, physician
1892-1895	Doctor S.O. Brumbaugh, physician
1892-1917	Doctor C.U. Goulding, physician
1892-1909	Doctor J.C. Hierholzer, laryngologist
1892-1911	Doctor Wm. Robeson, ophthalmologist.

At a later meeting, the doctors presented to the Management the requirements necessary for the functioning of a modern staff. First, the surgeons asked for a modern operating room; they condemned the one on the fifth floor as being too difficult to assure aseptic cleanliness. To provide a modern operating room, Mother Magdalen built the middle Locust Street section of the hospital. On the second floor of this section the first operating room for aseptic surgery was furnished. The new section also provided two sixteen bed wards on the pavilion style for surgical patients and a number of private rooms. The bed capacity was now 325. In this building program the first electrical current was brought into the hospital.

* It was at this time all hospital patients began to pay doctors' fees.

The staff made two other demands: they wanted a clinico-pathological laboratory to assist the doctors in diagnosing their cases. Clinical medicine was becoming scientific. The third recommendation asked that a group of Sisters be sent away to study the new procedures required in modern medicine and surgery. Mother Magdalen complied with both demands. Then she presented her recommendation; an out-patient department. The dispensary had been closed since the Civil War; Sister Dolores had tried to reopen it during the panic years following 1873 but failed. Sister Magdalen was determined; she got it in 1895. Placing Sister M. Clementine Becher in charge, the doctors organized two clinics: the eye clinic and the ear, nose and throat clinic.

The work of administering the hospital had become so time-consuming that by degrees the other offices the administrator had filled from the beginning of the hospital were delegated to other Sisters. In 1894 Sister Madeleine O'Donnell was appointed first house-keeper; she kept all the accounts of her office, for as yet there was no bookkeeper.

In 1889 the first ambulance service was established. The ambulance, a gift of the doctors, had iron-tired wheels and although drawn by two beautiful horses, a trip in it over the cobblestone streets proved a very penitential exercise.

In 1893-94, Pride Street was paved with wooden blocks; we read in the 1894 Report: "The rough way of travel over the cobblestones of Stevenson Street can be avoided. Pride Street repaved by the city, facilitates easy ambulance service.

Ambulance service was discontinued in 1951.

One of the first undertakings of Sister Madeleine was to open the first clinical laboratory in the attic of the new building right over the ladies' private rooms. With no sound-proof ceilings, there was trouble at once and the laboratory had to be removed to the old dispensary room on the first floor of the west wing.

At the mid-nineties the whole world was marvelling over a wonderful discovery which, it was said, would revolutionize diagnosis in every part of the human body. William Roentgen on December 28, 1895, revealed to the Medical Society of Wurzburg a new kind of rays which he called X-rays. By means of a Crooke's tube, he could take a picture of the bones in his hand. A picture through solid human flesh! While the rank and file troubled themselves over the loss of privacy, scientifically minded men are said to have foreseen similar rays that might bring death and destruction to whole cities by remote control. At the hospital the development of X-ray and its application to surgery was watched with intense interest. So marvelous a discovery could not be long in reaching the market in salable form.

In 1896 a surgical meeting was held in Buffalo; one of the first types of X-ray machines was on exhibition. When Doctors Stewart, Werder and Buchanan saw it, they at once called Sister Magdalen. Taking Sister Madeleine as companion, Sister Magdalen went to Buffalo. Before the close of the year Mercy Hospital had its first X-ray machine, the gift of Mr. H.C. Frick.

This first X-ray machine was a very simple looking piece of apparatus; it was a very treacherous one too. Many a surgeon lost his hand or fingers adjusting it. It had no gadgets for adjusting the machine for the case in hand; the doctors had to experiment exposing their hands again and again to the rays until the bony skeleton could be photographed.

By the time this was done, the surgeon may have worked so long that he had burnt his hand or fingers; such burns do not heal and eventually the burnt members have to be amputated.

Under date of December 26, 1896, Doctor Buchanan wrote: "Needle located by skiagraph. First practical use of the Roentgen apparatus at Mercy". The patient was a young woman who later became known in the Community as Sister M. Lutegarde Mudrea.

These skiagraphs were shadow pictures showing the location of fractures, dislocations, foreign bodies and embedded projectiles. So far, the X-ray did not serve the clinician nor the physiologist. But with such possibilities latent, inventors went to work hopefully. In 1906, ten years later, Walter B. Cannon elucidated the movements of the stomach and the intestines by the use of barium-sulphate mixtures. This ushered in the second period in X-ray history. The machine was forthcoming from the same generous benefactor, who during life insisted upon remaining incognito. At the same time, his sister-in-law gave the funds for the building of an X-ray room. The first machine had been housed in the attic vacated by the laboratory.

In the second decade of the present century, sodium iodide was used to make pictures of the bladder, the ureters, and the kidneys. The twenties brought the cholecystography showing up the offending gall bladder and making films of the lung possible. Each decade has gone on adding something to the usefulness of the X-ray until in very truth 'X-ray had revolutionized diagnosis in every part of the body.' Today, scientific dosages of the rays are used in the treatment of certain skin diseases and for certain types of cancer.

Another therapeutic agent discovered in the late nineties (1898) was radium; that too came into use in the hospital early. But both radium and deep-therapy are only palliatives for cancer excepting possibly in the initial stage. The cure of cancer still baffles the investigator.

II

On the medical side, Pasteur's discovery and the introduction of the X-ray worked a similar change; in the hospital this was less marked because the hospital had become predominantly surgical. Doctor William Boyd of the University of Toronto tells us: "The nineteenth century ended with a tremendous burst of activity in scientific medicine. Bacteriology was discovering the specific causative agents of diseases; this led to the development of the sciences of serology and immunology. Before 1899, the Widal test was being used for typhoid; sputum was being examined for the tubercular bacilli. Diphtheria anti-toxin was being administered to diphtheria patients in the isolation unit. Such a record testifies to the alertness of the medical men on the staff of the hospital.

Diet therapy was receiving the attention of Doctors Moyer, Goulding and other physicians on the staff; the science of pediatrics had developed differentiating the treatment of children from adults; to this also the physicians were attending. All this is proof that the medical men in the hospital were active and were doing splendid work in the application of the new knowledge to the cases of patients at hand; they added their own individual touch and refinements and all with

good judgment and mathematical precision, that they earned for themselves in the Pittsburgh area a reputation for leadership in internal medicine. As diagnosticians, they were outstanding.

Differentiation between what constituted a surgeon's domain and what strictly fell within the boundaries of internal medicine in the new order was a problem of the nineties. Physicians viewed the encroachments of the surgeons into what hitherto had been their terrain inviolable with mutiny in the eye. Unchecked, what would the surgeon leave to the physician? Exploratory laparotomies was high-handed robbery of the former sanctum sanctorum of physicians. The contest seemed to come to a head over the appendix, that small bit of our human anatomy, which was in the spotlight in the nineties.

Appendicitis was a new term for an old pain in the right side of the abdomen, which had gone under terms like peritonitis, typhlitis, perityphlitis. Until Charles McBurney of New York defined the special area in the right lower abdomen which usually became exceedingly tender in cases of inflamed appendices, diagnosis was not always easy. It took time to learn to recognize all the symptoms. Doctor J.J. Buchanan recalling those early days once remarked 'physicians were not always sure and tried to cure the trouble by rest, application of ice, and sedatives; when this failed, the patient was turned over to the surgeon; sometimes then it was too late.' So the competition continued:

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- 1 McBurney's point - 1 1/2 or 2 inches from anterior spinous process of ilium on straight line with umbilicus.

physicians claiming that as many were cured medically as surgically; the surgeons claiming it would not be that way if surgeons got a chance to see the patient in time.

The first treatment of the appendix was the draining of the appendicial abscess. This brought temporary relief only; before long surgeons everywhere were removing the offending appendix by means of cautery. The same experience followed cholecystotomies, which had been performed for the purpose of drainage; in 1898 Doctor R. W. Stewart began excising the gall bladder. This operation was called cholecystectomy.

Appendectomies, cholecystectomies, and other major operations were by no means daily occurrences. They took place so unfrequently that the hospital management considered them events big enough for it to serve the members of the medical staff a big wine dinner. Years afterwards, Doctor Stewart in his talks to the student nurses used to say: "It used to be that after a big operation, the management gave us a big wine dinner; they don't do that anymore; I don't know whether the wine ran out or whether big operations are too commonplace today."

Communicable diseases continued to hold the center of the stage. In 1891-92 there was a severe epidemic of influenza in the country. It appeared in Pittsburgh in March; during the four weeks of April the mortality was high due to the complications with pneumonia. In 1890 there had been 50 pneumonias in the hospital; in '91 there were only 40; in '92, 38.

Typhoid, however, stood at the head of every list of diseases in the hospital throughout the nineties. As early as the seventies, when Pittsburgh began its record of Vital Statistics

typhoid fever was a health menace of major proportions. All through the eighties, nineties, and until 1909 the wards and private rooms of the hospital were filled with its victims during the months of August and September. Sisters Clemenza Canty, Gervase Bour, Imelda Daley, Marguerite Golback, Urban Kerr, Dorothy Cannon, Carmelita Kennedy were but a few of the early hospital Sisters who excelled in caring for typhoid fever patients.¹ So much depended upon good nursing care that typhoid became an annual challenge to their nursing skill. They met it with some of the best bedside nursing ever done in the hospital.

Constant vigilance was the price of victory. Patients had to be watched during periods of delirium; they had to be watched during the period of convalescence. Some of them would be ravenously hungry, for fevers were not fed as they are today. One day Sister Carmelita went into the ward to find everyone excited. A poor colored patient, who was just beginning to feel better and whose appetite had gotten so keen he was desperate for food, had leaned over, snatched a boiled potato from the tray of the patient in the next bed and before the protesting of the patients could attract the attention of the nurses had gulped it down with little or no mastication. He was hungry, he said, but the poor fellow paid for his rash deed with his life.

The Brand system for reducing fever was used at this time. If the temperature was not too high, the nurse tried to reduce it by cold sponging; this failing, cold packs were resorted to; when these proved ineffective, the radical treatment was administered.

1. The first food carrier was an operating room carriage pressed into service by Sister Renilda to deliver hot food to her patients on Third West in Sister Innocent's administration.

It was quite a ritual; first, the curtains were drawn around the bed of the patient; a tub of cold water was then rolled into the alcove; the patient was now given an ounce of whiskey to fortify his heart against the shock, then the attendants would lift the patient from the bed easily for there was danger of perforations and lay him gently in the tub. The psychic reaction was immediate - loud, acrimonious -. After the patient had become accustomed to the coldwater, bits of ice were dropped in from time to time to lower the temperature until the temperature yielded. When at last the temperature dropped, the patient was gently lifted out of the tub, wrapped in a blanket, administered another ounce of whiskey and laid in his bed.

One day a patient who had been watching these proceedings remarked to a doctor coming into the ward: "It must be quite an ordeal for that attendant to give Mr. one of those ice baths." "Why?" asked the doctor. "Well", was the answer, "I notice Sister gives the attendant a drink of whiskey both before and after he gives the bath." "Are you certain of that," asked the doctor. "Yes, I see him drink it," was the reply. He never saw that again.

Uncomplicated typhoid cases presented little trouble to the doctors and nurses; nevertheless there always had to be vigilance for perforations were not uncommon. The mortality in these cases was usually high. In 1906-08 before filtered water was dispensed to central Pittsburgh there had been in the hospital:

404 uncomplicated cases - 2 deaths
152 cases with complications - 53 deaths - 35%

The Report of 1908-10 after filtered water had been served to central Pittsburgh, there were only

152 uncomplicated cases - no deaths

52 complicated cases - 22 deaths - 42%

The number of typhoid cases in the hospital fell sharply after filtered water was served to all parts of the city. There was still typhoid fever. Until the people were educated through school and press to be suspicious of spring water in and around the city, they would drink from polluted springs when vacationing or out driving. A law requiring dairies to sell only pastuerized milk has been a dominant factor in the fight against typhoid. The battle is practically won, for it is possible for an interne today to go through his year's internship and never see a typhoid case.

Influenza and pneumonia have not been so easily conquered. The causative agents of these two diseases are believed to belong to the unfilterable viruses. No effective specific was available for them until the sulfa drugs and penicillin appeared.

Yet respiratory diseases have been particularly indigenous to Pittsburgh. When bacteriologists failed to isolate the pneumonia germ, Doctor Aime Leteve of the hospital laboratory went to work to produce a serum that would fight penumonia. The laboratory report of 1900-1902 informs us: "Antistreptococcus and anti-pneumococcus sera are supplied for clinical uses in the hospital from two sheep immunized for the purpose." But it took nearly three decades before the first really effective serum reached the market. Then it was effective

for one type of pneumonia only, and that type was not a very formidable one. Serum therapy had two drawbacks: it was expensive and it was strictly a hospital treatment.

Such was the picture when chemotherapy came forward. Optochin was the first of these chemicals to be used for pneumonia. It was never extensively used because of its toxic effect especially on the eyes. It produced blindness. At the hospital Doctor W.W.G. Maclachlan began investigating the quinine derivatives. The hospital laboratory and the pneumonia ward on the fifth east under Sisters Ambrose Morgan and Leonard Buck were the centers of this research work. The Sisters carried out their end of the investigation most conscientiously, even enthusiastically. RX in all its stages of development engaged their attention and cooperation; they knew all the remedial properties of hydroxyethylapocupreine as well as the doctors.

As the research proceeded, Doctor Maclachlan began working with the Mellon Institute for the chemical aspect of it. Quite a degree of success had been reached when the sulfonamides appeared in 1939. Sulfapyridine proved very effective in the treatment of pneumonia, so much so that when World War II broke out and many of the young doctors were called to service, the hospital research on pneumonia had to be dropped; as time went on, the sulfa drugs were found to have certain deleterious effect on the human body, so when in 1944, penicillin appeared, it easily superseded the sulfapyridine. Penicillin has proven the most satisfactory of all specifics so far.

Speaking of these two drugs, Doctor Maclachlan wrote: "Osler called pneumonia

'captain of the men of death'; chemotherapy has demoted the captain to the ranks."

To return to the nineties, every advance in the science of medicine and surgery had its rebound upon the hospital science, so that the hospital was undergoing its own revolutionary movement. A hospital was no longer the simple institution of 1848 with its wards, rooms and service departments; through the decades, it too was lifting itself up in the rank of social health agencies and becoming a little world in itself active in curing disease, preventing it, teaching internes and nurses, and investigating health problems. Even on the drug room shelves new names of drugs told that the changes reached down into every hospital department and service.

The age of inventions and discoveries naturally brought utilitarian improvements in service. In 1892 the Sisters introduced the first telephone into the hospital; it hung on the wall outside of the superintendent's office, then on the third west. It was the portress' added task to take all calls and deliver them in person throughout the house, for there were no house phones. To send out a call, one cranked the telephone—that was the way to call Central. Other improvements consisted in a filter installed in the boiler room through which the hospital was first supplied with hot water. A duplex pump forced the distilled water into the operating room tanks. This was accomplished in 1896 and put an end to the 48 year task of carrying hot water from the kitchen for operating room uses.

From 1893, when the school of nursing was opened, student nurses had been assigned sleeping quarters in the hospital; as their

number increased, the beds available to patients decreased; this was unsatisfactory from several viewpoints. Sister Madeleine built the first west for nurses' residence thus restoring all hospital beds to patients.

The year 1897 marked the Golden Jubilee of the hospital. Taking advantage of this anniversary Sister Magdalen launched a "Golden Jubilee Drive." There was need of a drive for funds. Compelled by the ritual attending aseptic surgery, which proscribed further use of kitchen tables for surgical operations, all classes of people were obliged to go to a hospital when in need of this surgical treatment. This meant that all hospitals had to increase their bed capacity and make provisions for the various social groups. As a consequence, we now come upon a hospital period during which the erection of new buildings or new wings, and the re-modelling of old departments and the opening of new ones seem to constitute a continuous process. For this expansion, funds were imperative. The Jubilee Drive netted \$29,050.00.

Before taking up the work of expansion, it seems proper here to speak of the Sisters in the hospital at the time, who had so much to do with the progress of those days. There was Sister M. Innocent Hughes, who came to the hospital in 1885, the same year as Sister Magdalen. At the time of the Jubilee, she was in charge of the surgical wards and the operating room. Her capacity for long hours of hard work, her good judgment, her compassion for all in suffering, and above all her calm, self-possession, which seemed never disturbed under any provocation, fitted her admirably for the work of a nurse and an executive.

She was in the operating room just at the time the distinctive dress of the operating surgeon was being introduced piece by piece.

As the surgeons and their assistants donned their gowns, their masks, their head coverings, their rubber gloves, the Sister supervisor devised and donned her own. The date of her first appearance in white has not been determined. This much is known: in 1906, she wore a voluminous white apron covering her habit completely. This proving too bulky for quick, free action, she converted it into a gown caught at the waist by a belt. This she bequeathed to her successor, Sister M. Bernita McDermott, when she became superintendent and superior in 1909. Sister Bernita in time, substituted the white habit for the gown and was the first to wear the white habit in the operating room; the white was restricted to the operating room; when Sister wished to go to any other part of the hospital, it was necessary for her to change to her black habit. Even after all hospital supervisors put on the white habit in 1929, there was an interval when they too were obliged to wear their black habit to morning Mass.

One day while Sister Innocent was in the surgical ward, the city patrol brought in a prize fighter who had been stabbed by his adversary. There being no doctor in the hospital at the time, Sister gave first aid, put the man to bed, and sent for the doctor. Eventually, the man died from his wounds. Sister Innocent was subpoenaed to court: failing to be released, she went accompanied by Sister Isadore Farrell. As Sisters were very unusual witnesses in court, court officials seemed puzzled as to what the court etiquette for the occasion demanded. Finally they placed Sister Isadore on the bench beside the judge. After Sister Innocent had given testimony and was dismissed, an officer handed her a dollar for testifying. Sister refused the dollar saying: "You keep the dollar but do not bring us down here again."

Sister Isadore Farrell came to the hospital in 1889. In the nineties she was supervisor of the Ladies' private rooms. Her father, John Farrell, was the head of a large iron foundry and was very proud and fond of his Catherine. Up to 1895, whenever a Sister wanted to heat food or water for a patient, she was obliged to go to the kitchen to do it. When Mr. Farrell learned this, he installed a little gas stove with two plates in Sister's department, which could be attached to a gas jet. This is how the hot plate was first introduced into the departments of the hospital.

Sister Isadore¹ was sacristan as well as supervisor. At Christmas time, from the very beginning it had been a custom in all the houses of the Community to commemorate the Nativity of the Incarnate Word by placing a little Bambino on a bit of straw at the foot of the Blessed Virgin's statue. One year, the Sisters decided they would like to have a Christmas Crib. Sister Magdalen listened to their talk at recreation in the evenings, where they kept up witty pleasantries about their Crib, - chiefly for the superior's benefit. Finally, one evening at the close of recreation, Sister Magdalen called Sister Isadore to her and told her to make the Sisters a crib for Christmas, which was not more than ten days away. "Oh, Sister Magdalen," exclaimed the poor sacristan, "I could never make a crib. What would I use?" "Use your head" was the crisp and decisive reply.

Sister Isadore did use her head; for nights she could not sleep for planning and devising ways to procure the necessary items required. Sister Magdalen took pity on her.

I Sister Isadore is authority for all these incidents.

Together they planned; together they went to the carpenter shop and gave the carpenter ~~all~~ the specifications for a Christmas Crib. Then they explored the attic, the presses, and the basement appropriating whatever they thought they might be able to use.

The chapel in the nineties was just half its present size. The sanctuary was just inside the present Communion railing. In the unoccupied corner where the Sacred Heart Statue now stands, the carpenter set up the stable he had made. Sister Magdalen brought boxes and baskets from the basement, piled them around the stable, and covered them with old window shades to represent the hilly approach to the cave. Straw being laid on the floor of the stable, Sister Isadore began to bring in her statues. It had been an easy matter to pick up a statue of the Blessed Mother suitable for the stable, but Saint Joseph presented a difficulty. Every statue of Saint Joseph in the hospital held the Infant in its arms and she could not have two Infants in the cave. When Sister Magdalen would give no help, Sister Isadore took a statue of Saint Joseph and made him a traveller's cloak; but the form of the covered Infant made an unsightly distortion of the left shoulder. Then she camouflaged a knapsack; that was the best she could do. Thus, dressed, Saint Joseph went into the stable. Poor Saint Joseph! the Sisters said he looked as though he was carrying a mattress.

The donkey, ox, and sheep were secured in the following way: a Mr. Lauer, who kept a toy shop in town, always remembered the sick children in the hospital at Christmas time and sent them toys. When the box of toys came in on Christmas Eve, Sister Isadore examined the contents. She found a donkey on wheels, that worked its head when wound up. This she carried off to the crib.

Then she sent "Gentleman Pat", a hospital retainer, to town to procure an ox. He came back with a toy cow. This too she buried deep in the straw with the donkey. The Sisters has made the sheep and these found their places on the hillside. There seems to have been no shepherds or Wise Men.

Everything was now ready for the Bambino to be laid in the cradle in the center of the stable at midnight. But before that time Sister Magdalen came to the sacristy with an ornately dressed angel and told the sacristan to attach that above the crib.

The Christmas Crib with all its imperfections seemed to satisfy the simple faith of the Sisters. It helped them at meditation time to concentrate on the infinite love of God for man depicted here. They took their friends into the chapel to see the crib. When Father Graham from Saint Patrick's was taken in he smiled but said nothing; he would not destroy the Sisters' joy in their crib. Before another Christmas, however, the hospital received a good set of figures for the crib.

Our Sisters had been accustomed only to the Italian representation of the Divine Infant, where the beauty of the infant body stands forth with only a loin cloth; but with the coming of immigrants from the colder climates they came to know the Divine Infant in the art of other countries. For instance, the Divine Infant in Poland was clothed showing the protective love of the people for the infant and his kingship. One day a visitor to the hospital presented Sister Magdalen with a small statue of the Infant of Prague. She took it to recreation that evening and explained its history to the Sisters. Sister Isadore was not present for the explanation. Coming in late, she spied the strange little statue on the table in front of the Superior. "Where

did that poor little overdressed baby come from." she asked. The looks on the faces of the Sisters told her she had made a faux pas. The silence itself was a rebuke. Just before the close of the recreation Sister Magdalen called Sister Isadore to her. Again she explained the statue; then she handed the statue to Sister Isadore saying: "Take this now to your cell; every night kneeling before it say five Paters and Aves in honor of the divine Childhood that God may provide the hospital with means to build a diet kitchen.

About ten days later, Sister Magdalen was in her office. A strange lady came in; she explained that she lived in Sewickley and that she was not a Catholic. She said she was interested in social work and had been working among the poor in the city, but working alone without contact with any social group had brought very poor results. She had decided that the best way to do effective work would be to ally herself to some organization. She had come, therefore, to ask for the privilege of becoming a member of the hospital's Women's Auxiliary. Sister Magdalen, acknowledging to herself the power of intercessory prayer, explained that at the moment the hospital had no Auxiliary, but she had long desired to form one.

A long conference followed. As a result of it invitations were issued to nearly two hundred women to meet at the hospital on Wednesday, January 18, 1899, to consider the establishment of of woman's auxiliary for the hospital. The meeting convened with one hundred twenty ladies present. The first part was purely social; over teacups the ladies become acquainted with one another. Then Sister Magdalen explained the purpose of a hospital auxiliary and some of the demands

that would be made upon the members. The members would be expected to visit the poor in the wards, provide little things for them, sew for the hospital, and assist her in providing a diet kitchen, where nurses could be taught diet therapy. She also explained that a children's department was badly needed for the science of pediatrics was demanding separation of children from adults. As for the diet kitchen, the immediate need, Sister explained that the Sisters' refectory on the third west would make an ideal diet kitchen, if only she could build a room above for the Sisters' use. But that would cost at least two thousand dollars.

After Sister Magdalen withdrew, the ladies proceeded to the election of officers; they chose to call themselves "The Ladies Aid Society of Mercy Hospital." Mrs. Willis McCook was elected president; Miss Lucy Bittinger of Sewickley, vice-president; Mrs. R.W. Stewart, treasurer; and Miss Margaret Farrell, secretary.

At the second meeting, the ladies discussed ways and means for raising funds for the diet kitchen. Miss Bittinger and Mrs. Cole were appointed a committee of two to visit diet kitchens in New York and Philadelphia. Miss Bittinger was also to ask Ethelbert Nevins to give a second performance of his opera, "Economities" for the benefit of the hospital. Miss Bittinger and Miss Ida Farrell were appointed to draw up the Constitutions and by-laws of the new society.

To the delight of the Ladies' Aid Society, Mr. Nevins consented to repeat his opera. Davis theatre offered the use of their opera house for the occasion. The Society now asked the Sisters to speak to Christopher Magee and ask him to give the proceeds of an afternoon and evening's performance at Duquesne Garden. Mr. Magee gave them one half. From all these

sources the Ladies Aid had sufficient funds to build the room for the Sisters' refectory and to equip the diet kitchen on the third west. Moreover, they had funds sufficient to buy a new ambulance for which one of the members presented her personal gift, one of the horses.

The Ladies' Aid Society functioned for fifteen months. On May 10, 1900, it held a meeting at which it voted to recess for the summer. During the summer the president resigned; when September came and the vice-president called a meeting, few responded; later meetings met with equal indifference until adjournment with no date for another meeting closed the career of the society.

Another Sister at the hospital at the Golden Jubilee period was Sister Clemenza Cauty. Sister was an Irish aristocrat by birth, but there was no pride or egoism about her. She was a gracious, refined religious, with a keen sense of humour. She was directress of nurses for a time, but on the occasion about which Mother Rose Curran tells, she was night supervisor.

When Sister Clemenza came off duty on this particular morning, Sister Magdalen noticed as she gave the night report, that she looked pale; Sister Magdalen decided Sister was not getting enough fresh air and sunshine. After the report was given, Sister Magdalen called another Sister and told her and Sister Clemenza to put on their cloaks and bonnets, take their meditation books and go up on the Bluff in the sunshine and make meditation there.

At that date the Bluff was a very quiet thoroughfare. Between the sidewalk and the edge of the Bluff ran a long and wide strip of grassy ground. On the space beside the

hospital, Sister Magdalen had placed benches for the convalescent patients, for the hospital had no roof accommodation. This provision was not without its drawbacks, for sometimes the male patients would run off and later were traced to their homes, while others merely sought the nearest tavern and came back noisy and troublesome.

Sister Clemenza and her companion did not wish to occupy any of these benches so they wandered down to a spot just below Stevenson Street. There they found a covered seat. Here they sat down. It was a beautiful morning and the quiet was very pleasing to Sister Clemenza after the active night duty. Suddenly a tremor went through the seat as though some animal was trying to escape from under it; looking down they were dumbfounded to find their feet going up in the air; they were swung around and began to descend; down they went until they landed on second avenue by the railroad tracks. They had taken a seat in the old incline that used to operate near the head of Stevenson Street. When the man came to collect their fares, he found two frightened nuns without a penny to their names. They got a free ride back which ended the morning's airing.

Sister Magdalen's long term of administration was drawing to a close. It was just about that time that the Spanish-American War ended and the men were coming home. As usual some were sick, some wounded and some insane. Pittsburgh had no Veteran's Hospital or other accommodations for these victims of war. The City Council, therefore, called a meeting of the superintendents of the city hospitals in the Mayor's office. The

hospital executives were asked to accept their quota of the sick and wounded; furthermore, they were to receive for the time being, until other provisions could be made, all the mentally ill. Mercy Hospital received only three of these and one of them died after a day or two in the hospital.

Sister Magdalen's term of administration ended in January, 1900. During her last year as chief executive, Sister opened the hospital's first emergency room in the rooms between the second east and second west, used in 1960 as the cardiac department. This and an operating room for septic cases just opposite the 1893-94 operating room were the last two departments she opened.

Sister M. de Sales McKeon, whose gentleness, self-possession, and gracious manners reminded one of her patron saint, was her successor. Nine months after Sister de Sales took office, Christopher Magee's gift, the ten-roomed laboratory on Stevenson Street was opened under the name of the Magee Pathological Institute. Doctor J.D. Singley became the director and pathologist; Doctor Aime Leteve, a former pupil of Pasteur's filled the position of bacteriologist and director of the Pasteur Institute for the treatment of rabies.

About 1900 the hospital medical staff became interested in opening what they termed a Polyclinic, where American doctors could come for graduate work. Throughout the country at this time there was not a single university offering graduate work to young doctors. Any young American doctor desiring graduate work was obliged to go to Europe to get it. John Hopkins University and the University of New York were talking the matter

up and what those two schools were doing for their cities, our medical Staff decided to do for Pittsburgh. At a Staff meeting on May 18, 1895, Doctor J.J. Buchanan made the motion that the "Management of the hospital be asked to lend its assistance to the establishment of a post-graduate school; secondly, a committee be appointed to formulate plans whereby it could be carried out and to prepare a list of eligible colleagues." One month later, the staff voted to secure a charter for their Pittsburgh Polyclinic; they did secure the charter and on January 2, 1898, voted that the Polyclinic should be opened the following October first. Did Pitt University object at this point? The project was dropped without a word of explanation on the minutes of the staff meetings.

Since 1886 there had been a medical school in Pittsburgh. It had been opened by the medical staff of the Western Pennsylvania Hospital. In 1892 the medical school became the medical department of the University of Pittsburgh, then known as the Western University of Pennsylvania. All clinical medicine continued to be taught in the hospital while theoretical instruction was given in the college on Brereton Avenue. Sometime toward the close of 1900, some disagreement arose between the authorities of the hospital and the school; as a result the hospital ejected the school and Doctor Chris Lange, its dean, found himself without a hospital for the clinical teaching. He appealed to the medical staff of Mercy Hospital. After consultation with the Management, the Staff decided in May, 1901, to accept the task of delivering clinical lectures to the students of the Western Pennsylvania Medical College in return for which they were to be given the title of clinical professors. The vote was

unanimous in favor of the proposition. Doctor Lange was offered a position on the hospital staff, but since he wanted to utilize all teaching materials available in all Pittsburgh hospitals, he accepted only the position of consulting physician. This enabled him to come to the hospital for lecturing purposes. Since 1901 the hospital has been a teaching hospital in affiliation with the medical school of the University of Pittsburgh.

To provide an amphitheatre in which medical students could witness a surgical operation and where lectures could be given, the management built a tier of fifty-five seats; each October, this tier of seats was set up along the walls of the 1894 operating room and removed each spring after the closing of the medical school.

The first student of the medical school to interne at the hospital after the affiliation of the medical school with the hospital was Doctor Edward A. Weiss, who later became associated with Doctor Werder and succeeded him as gynecologist of the hospital.

Sister M. de Sales was followed in office in 1903 by Sister Martina Byrne, a nurse who had been in the hospital since 1884. Sister Martina was considered one of the finest business women the Community ever had. Certainly the building expansion which took place during her six years testifies to her ability to raise money.

Sister Martina was fortunate in her Board of Directors and in their active interest in the hospital. Year after year they were instrumental in procuring an appropriation from the State for maintenance and for building purposes. The members of the Board

worked with the management; they never met with the medical staff on any issue; in fact many members of the medical staff could not name for you a Board Member. This is illustrated by the following incident. By 1906, the 1894 operating room was no longer adequate for the surgery was increasing in proportion to the confidence people were coming to have in that branch of medicine. Our three hospital surgeons believed their interest in larger operating quarters was keener than that of any Board member. They asked Sister Martina to negotiate with the Board of the hospital so that they could go to Harrisburg and impress upon the legislators the urgency of their needs. The surgeons went down; they stated their case very forcibly; the usual debate followed; the surgeons were very happy the way matters were proceeding until a legislator suddenly asked them who was the President of their Board. Not one of them had the least idea who he was; it was an embarrassing situation; in fact at that moment not one could have named any member of the Board. Nevertheless they had gone down to Harrisburg to get an appropriation; they got it.

As a consequence of this annual appropriation for building purposes, Sister Martina built the east wing out to Pride Street in 1903. The Sisters had wanted this for some time. One thing prevented: an old gentleman and his two daughters owned a piece of property there, and would not sell. He was always threatening to sue the hospital for the patients in Ward A and B used to throw their cornucopias - substitutes for cuspidors - out of the sun-porch windows down into his back lot. The Sisters reproved the patients but when the patients heard the old man scolding, they continued to tease him.

Sister Isadore and Sister Innocent grew tired of the scolding and teasing; one day they were in the attic looking down and wishing the lot could be purchased; suddenly Sister Innocent said; "Sister, St. Joseph will get it for us," "How"? asked Sister Isadore. "Let's throw our pocket statues into his lot." "But mine's a St. Anthony," explained Sister Isadore. "Oh, that's all right," was the response. Their consciences bothered them. Would the saints mind being thrown out into a cold lot? They debated: Saints in glory suffer no cold or injured feelings. They concluded that they would throw their saints at the same time, and then start a novena to their particular saint to get the lot for them.

Not too long afterwards the old gentlemen died; his daughters wishing to move to another section of the city were happy to sell. The east wing to Pride Street resulted in 1903. The main entrance which had been on Stevenson Street since 1848 was now transferred to the corner of Pride and Locust Streets. Nearby the first admission office was opened with Sister M. Angelica O'Brien as admission officer. Another managerial specialty had come of age. Sister Angelica's successors have been: Sister M. Ferdinand Milligan, Matthias Boyle, Margaret Mary Corbett, Alma Soisson, Salome Aul, Ferdinand Clark, Adelaide Nee, Georgetta Haley, and Damien Waldron.

Two years later in 1905 Sister Martina built Saint Anne's hall as a residence hall for nurses. The fifth west and the fifth east were now released for patients.

A modern boiler room was fitted up on the first floor of Saint Anne's Hall. "Handsome" James Murphy, the engineer, did not know how to operate the new machinery but he refused to be discharged. Some nights the heat in the hospital would be unbearable; the night Sister would have to go down and together they would

manage to turn down the heat. Finally Patrick Stack was engaged. Patrick proved a gold mine. Growing up with the development of the buildings he knew every pipe, every connection and every tunnel in the building. He died in 1931.

Sister Martina turned her attention next to the chapel which had been built in 1882. Its seating capacity consisted of twenty-five stalls for the Sisters arranged along the side of the wall. Pews filled the center providing seating for about eighty. The altar and sanctuary was just inside the Communion railing. A little room near the stairs was used as the Priests' sacristy; the sacristan used a long dark room with presses leading into the refectory.

With the expansion of the hospital, the chapel could not accommodate all the convalescent patients able to attend Sunday Mass. A second Mass was provided, still many had to remain in the corridor. It became a matter of conscience too, for the Management to provide adequate facilities for the two shifts of nurses in the hospital.

In 1906 Sister Martina extended the Stevenson Street wing out to Magee Laboratory and remodelled the whole wing. The chapel was made twice its former size; forty-eight stalls were provided for the Sisters in the new upper part.* In the secular chapel twenty-six pews were installed. The capacity of the pews was one hundred seventy-seven. Even so, a second Mass was necessary to accommodate all. The first Mass offered in this new chapel was celebrated on Christmas Eve, 1906.

The chaplain at that date was Reverend John Ward. He came to the hospital March 3, 1884, and remained at the hospital until his death in 1927. During his last years he did not fulfill

* It was Sister Wilhelmina Stecher's nephew, an artist who painted the angel heads against a blue background with which the older Sisters are familiar.

the office of chaplain. Reverend James Cox filled that office.

Father Ward was a princely priest; daily in a high silk hat and with a gold headed cane he went out for a walk. He was a zealous priest and saved many a mother's prodigal son. Many amusing incidents are told about him. One night he was called to anoint a very sick patient. The night Sister was assisting the priest. When it came to anoint the feet of the patient, the Sister could find but one foot. Suddenly the sick man realized what she was looking for; he opened his eyes and said tersely: "one leg already deceased."

No continuous record, unfortunately, has been kept of the great amount of spiritual good accomplished in the hospital by the Chaplains, the Sisters and the Catholic Nurses. To a great extent that which is spiritual cannot be calculated in figures. The number of baptisms, daily Holy Communions, confessions, and Extreme Unctions administered in the hospital during its more than one hundred years is exceedingly great. The instruction of children and adults who have never had the opportunity to learn the truths of their holy Faith has been carried on without intermission. In this, the chaplain has had the assistance of one or two Sisters; in 1950 and for many years before Sister M. Veronica McMahon and Sister M. Valeria Sullivan have gone about through the hospital on this great work of mercy. It is not always indifference or lives of sin that have kept men and women from the sacraments. Oftentimes it has been that the Church did not extend out to their mining town. This work of instruction has been confined to the Catholic patients heretofore; in 1958 Father Francis Lackner was appointed chaplain; in his zeal, he caused pamphlet racks to be placed in every department and supplied such pamphlets as would instruct earnest inquirers concerning the Church.

In this way he hoped to dispel many of the erroneous opinions some patients might have concerning the Church. In 1859 Sisters Mildred O'Donnell and Immaculate Kerrigan were appointed to assist Sister M. Valeria.

When Sister Martina completed the work of enlarging the chapel, she turned to the building of an operating room pavilion for the 1894 operating room was now entirely inadequate to take care of the operations of each day. This extension, opened in 1907, provided a free dispensary or out-patient department on the first floor; several operating rooms and a large amphitheatre on the second floor; a number of private rooms on the third floor, and a gynecological department consisting of two operating rooms, a couple of wards and a number of private rooms on the fourth floor. The capacity of the hospital now was 450 beds. A year later in 1908 Sister built "a mammoth laundry and a stable."

Sister Martina's administration would not be complete without some reference to the housekeeper; when Sister M. de Sales became administrator in 1900, Sister M. Clare Kirk succeeded Sister Madeleine. After a couple of years Sister Clare was stricken with an illness which proved fatal. Sister M. Isadore Farrell succeeded her.

Fifty years ago Sisters of Mercy rarely went to the stores; they always made necessary purchases through some trustworthy employee or relative. In the hospital there was a "pensioner," who went by the name "Gentleman Pat" during Sister Martina's and Sister Innocent's administration. He had given all his savings to the hospital, hence the name. He did much of the shopping for the Sisters. Gentleman Pat did not like the summer Sisters. They did not seem to distinguish him from the

employees and tried at time to make him mop the floors. He refused to be so-classed. It was he who delivered the wine or whiskey periodically to the floors but more he would not do. "I was here before you came and I'll be here after you are gone" was his final remark in every dispute.

But one day Sisters Martina and Isadore found it necessary to visit a department store. After making some purchases, the saleslady asked "Is this take or collect?" The Sisters did not understand and said so. The saleslady then explained that the store to relieve its customers from carrying their bundles had a system by which all purchases could be collected at the door on the first floor. The Sisters appreciated what this meant to shoppers and came home wondering how they could apply it in hospital service. The weekly distribution of housekeeping supplies date from this shopping trip.

CHAPTER X

ADMINISTRATION OF SISTER M. INNOCENT HUGHES

August 15, 1909, Sister Innocent Hughes, whom we have already met as supervisor of the surgical department, succeeded Sister Martina in the office of superior and administrator. Sister Innocent had been working in the hospital since 1887. Besides her long nursing experience, she had worked close to Sister Martina and knew the problems facing the hospital at that time. Her strong character, her clear straight thinking and good judgment, her calm unruffled self-control under provocation were precious assets with which to undertake the new responsibilities and duties she now assumed.

"Gentlemen Pat's name was Pat O'Brien. He had given about \$1000 to the hospital and was given a room here; he acted as butler and did the marketing.

If it had been Sister Martina's mission to expand the hospital, it was Sister Innocent's task to concentrate her attention on the needs of improving or refining hospital medical care. Before she could do this, however she was obliged to install an electric power plant in 1913 to provide the whole hospital with electric lighting. At this time the first signal system in the hospital was installed. She completed the first year's work with a flat work presser in the laundry.

The Out-Patient department had been opened in 1905. After the completion of the east wing it consisted of eight or ten clinics; despite its growth it had functioned without too much organization. One of the first recommendations Sister made was to ask members of the medical staff for an equitable distribution of work, for a schedule of services, and for an appointment of a director responsible for the work of the whole department. Doctor I.J. Moyer was elected first director of Out-Patient Clinics.

Since 1900 children had been segregated from adults; boys were housed on the second east; girls on the fifth east. Not in a position yet to provide a modern pediatric department, she refurnished the children's department decorating the walls in a becoming manner.

Oto-laryngology and ophthalmology had long ago passed from the stage of a "minor specialty", for these she provided large commodious quarters in the dispensary furnishing them with all the apparatus required for their services. Other specialties which had found a corner in the hospital now began clamoring for room to grow.

The X-Ray too had passed its adolescence; when in 1899, the first X-Ray room on the

third floor was built and equipped with a new improved machine no longer dangerous to the operator's hands, it was considered adequate that a Sister technician be appointed to assist in the taking and developing of X-Ray films. Sisters Callistus Wirtner and Ignatius Hester consecutively filled the office. By 1909 the management and staff agreed that a specially trained Roentgenologist was required to direct the X-Ray department. Doctor Russell H. Boggs was engaged to fill this position.

Doctor Boggs was not the only specialist entering the hospital in 1909. Doctor L.L. Schwartz came as dermatologist; Clement R. Jones as enterologist; and T.D. Disque as genito-urologist. The day of specialties had arrived.

It was during this first decade that the spotlight of medicine turned from cellular pathology to the study of physiologic and functional disorders. Such topics as auto-intoxication due to duodenal, pancreatic, hepatic, and gastric disturbances appeared in medical literature. Internists were studying anemias then divided as primary and secondary and examining their relation to the spleen; as yet they were treated only as deficiency diseases. The X-Ray and the fluoroscope were revealing much new knowledge of the heart by visualizing abnormal conditions of heart and blood vessels. Now that the age limit had been extended upwards, coronary diseases and thrombosis, "The old man's disease" with hypertension were demanding attention and special study. Doctor J.A. Lienty and Doctor zurHorst were intent on diseases of the pancreas and thyroid. On the surgical side, Doctor J.P. Griffith focused attention on the surgical treatment of the thyroid. Myxoedema and cretinism in relation to the thyroid operations were studied.

One by one the endocrine glands were studied and the nature and effects of their secretions upon bodily health, growth, and functioning came to be known. Organotherapy, the direct outgrowth of this activity produced insulin, specific for diabetes in 1922, and liver therapy for anemias in 1926. The doctors were also beginning to watch the effects of fatigue, rest, diet deficiency on health and disease. From this particular angle of investigation comes the overcommercial ado over vitamins and calories.

The members of the medical staff were not satisfied just with the study and treatment of these cases in the general hospital ward; they were convinced that special departments for their diabetic, nephritic, and thyroid patients were needed to obtain the best results. Besides they wanted facilities for bio-chemistry, metabolism tests, heart examinations, orthopedics and other specialties. Surgeons too had their demands; they wanted a plaster room for orthopedics; they insisted a well-equipped physiotherapy department alone could relax the stiffened joints of orthopedic patients.

At the time everyone of these recommendations seemed legitimate but there was no room in the hospital for them. The administrator had no choice but to build. Sister Innocent did build; she built the nine story south wing, the most gigantic expansion program in the history of the hospital up to that time. The 1916-20 Report of the hospital tells us that the new wing is open; the 1918-19 Report tells us that all the importuning specialties have been provided with quarters. Neither Report mentions that World War I breaking out in 1918 priority boards held up certain building materials nor how prices soared and labor troubles accumulated

that in the end the plans had to be abridged. Neither do they mention that soon after the State cut the hospital off the list of state-aided hospitals. They did inform us that the bed capacity now in 1920 was 670 beds.

The special departments now opened were: Cardiology under Doctor A.W. Wedd; bio-chemistry and metabolism under H.O. Pollock; dentistry under Doctor J.F. Biddle; a plaster room for orthopedics under Doctor J.W. Fredette; neurology, had no special department though nervous patients were treated in the hospital by Doctor George J. Wright; psychiatric patients were not retained in the hospital; for an emergency, however, rooms with security devices were provided on several floors for patients with suicidal tendencies. Pediatrics under Doctor J.D. Iams occupied the entire ninth floor; Sister Anna Marie McDonnell was appointed as supervisor to organize it. Larger X-Ray quarters on the second floor were in charge of Doctor G.C. Johnston, Roentgenologist. Adjoining the X-Ray was a six room emergency department with entrance on Pride Street. On the other side of the corridor, Sister Innocent had allocated a number of rooms for physiotherapy and engaged Miss Mae B. Anthony to conduct it.

The new wing with its wide, well-lighted corridors, its large cheerful rooms and wards was equipped with every modern convenience. There was an automatic telephone system for house calls; a switchboard on the first floor with Annie Walsh in charge, gave telephone service to all private rooms and facilities for outside calls. A Holtzer-Cabot Patients' call system operated by means of lights over the patient's door and at the nurses' station; that was not all: a call system for doctors on duty in the house was set up in every department but operated from the information desk.

The most revolutionary service, however, was the central serving room for all dietary service to the whole house. It was so novel and new, the poor administrator spent many discouraging hours endeavoring to make the department function effectively. A serving room staff had to be trained to set up trays, to ration out food properly, to load the carriers, get them quickly on the lifts, and to the departments before the food got cold. This was not all: when the carriers brought the trays back to the serving room, dishes had to be scraped, stacked, and after washing arranged once more on the trays. When finally the art was learned, the whole hospital could be served hot trays in less than thirty minutes. In 1934 a menu system was introduced which has given great satisfaction to the patients and has conserved large amounts of food. In 1955 the service was perfected by introducing the thermos plate for meat and vegetables, which brought food to the patient piping hot.

Doctor Lichty and Doctor zurHorst were assigned twenty-nine rooms on the third west for their diabetic patients; the old diet kitchen of 1899-1900 was used to prepare the special diets for these patients and to teach them how to estimate their diet for the day; this was in 1918 before insulin had been discovered. Doctor Lichty believed these patients should stay in the hospital four weeks, first to determine their tolerance of sugars and secondly to instruct them on their diets. This created a bed shortage; to find out what other hospitals were doing, Sister Innocent sent Sisters Carmel O'Brien and Ambrose Morgan to the Royal Victoria and the Montreal General Hospitals in Canada; they came back to report that up there patients were kept in the hospital only two

weeks. Canadian doctors were working on Diabetes at this time (1919). In 1921 one of them, Frederick Grant Banting, brought out the insulin treatment; it was available in the hospital in 1923.

While there had been obstetrical patients in the hospital in the early eighties, there were none admitted after 1885 until 1900. In 1900 the influence of Doctor Werder overcame the idea that obstetrics belonged in a special hospital and a few expectant mothers entered the hospital. At that date most deliveries took place in the homes, so not more than twenty or thirty patients were the average number annually. These were cared for in the gynecological department on the fourth floor.

In 1909, when Sister Innocent became administrator, the mortality of childbirth was receiving much attention. With Doctors Werder and Weiss, she determined to make deliveries as safe as possible for both mother and babies. When Sister Carlotta Vanvoy had completed her three years of training as a nurse, she sent her away for special training in obstetrics; on her return she was made supervisor of the fourth east. From 34 deliveries in the 1912 Report, the number increased in the next four years to 309.

Sister Innocent died in 1923 and did not live to see the rapid growth of the department. In 1927 the number was so great that the fifth south was fitted up for private obstetrical patients while ward patients continued on the fourth east. Sister Carlotta remained in the old department; Sister Ignatius Hickey was placed in charge of the new. A full time obstetrician, Doctor R.A.D. Gillis, was engaged and gynecology and obstetrics became separate specialties. In 1938, when Sister

Anna Marie McDonnell opened the southeast wing and remodelled the south wing to form homogenous units on each floor, all obstetrics came to be housed on the sixth floor with Sister M. Carlotta in charge of the whole.

Another new department opened by Sister Innocent in 1919 was the medical social service. Medical social service was something so novel in the hospital that the medical staff had to be urged again and again to make use of it. Miss Lucy Stierwalt, a qualified social worker, opened the department in February 1919; Doctor Edward A. Weiss, chairman of the staff committee on this service, told the doctors in their 1920 annual meeting that "every case referred to Miss Stierwalt had been carefully followed up, but unfortunately the number of cases referred to her had been very limited."

Miss Stierwalt resigned in 1920; Sister Innocent asked help from the National Catholic Welfare Council; the Council appointed a worker and even paid her salary, but this arrangement endured only three months. The new department was certainly having growing pains. For four or five months the department tried to operate without a director. Finally, Miss Elizabeth Cosgrove took charge. Miss Cosgrove was a graduate of Vassar with three years experience in the Pittsburgh field. During the seven years of her directorship the department flourished. It became an integral part of hospital service and by its cooperation with outside agencies, it became a unit in the community health service. Miss Cosgrove resigned in December, 1927, to take a position with the Catholic Charities. For a brief period Miss Josephine Murphy directed the department after which Mrs. Francis Judd who had been with the city's

associated charities assumed charge. Her tenure lasted until 1954 when she was retired because of ill health.

Mrs. Judd's health showed signs of decline about 1940; her absence from the department for protracted periods gave the Management serious thought. In September, 1946, Sister Richard Guerin was sent to Saint Louis University to get her Master's degree and to specialize in medical social service. Completing her work in 1948, she returned to the hospital and was appointed director of the hospital social service. Sister Richard is the first director of the department in whose college preparation the Catholic philosophy behind social service had been integrated. Since her return the Catholic concept has been much more in evidence.

The Medical Social Service is a department that is not self-supporting nor is it intended to be so. Nevertheless, it is an expensive department. After the State withdrew its assistance in 1921, Sister Innocent, burdened with the huge debt on the south wing, knew not where to turn to get the funds necessary for crutches, artificial limbs, glasses, and other articles required for indigent patients referred to the social department. Again the power of prayer was manifest; the answer was a Women's Auxiliary.

Aided by Doctor E. Weiss, chairman of the medical service department, Sister Innocent issued invitations to members of the former Ladies' Aid Society to meet at the hospital on Wednesday, January 22, 1922. Between fifteen and twenty ladies responded. This group of benevolent women were the founders of the present Mercy Hospital Women's Auxiliary. The new organization

has had a healthy growth; under its first president, Mrs. Harry Miller, it developed rapidly in numbers and activities.

The hospital Report of 1922-24 reads: "The Women's Auxiliary has far outgrown the expectations of those who initiated it four years ago. Every sphere of its activity has been marked with development and success. The generosity of the workers has effected this."

Though the members were active in many departments their primary objective was to assist in staffing and operating the medical social service. As the department's load of service grew heavier, assistant social workers had to be added to the department. For this they gave monetary assistance and also for purchasing spectacles for children, artificial limbs for the maimed, and expensive medicines for the indigent. In 1924 they organized the patient's library in a basement room adjoining the medical library, and by means of a book cart dispensed books and magazines, mostly their own contribution, to bed patients throughout the hospital. Ingenious in devising means to serve both patients and their visitors, they opened a gift shop; for this too, a cart laden with toilet accessories and other interesting articles makes tri-weekly trips through the institution. Each decade has added to their services in the hospital. In 1955 they opened a beauty parlor; in 1955 and '56 they assumed the onerous work of serving lunches and even operating the coffee shop. Their Christmas parties for the children on the ninth floor and for the children attending the clinic are traditional.

While the Management was busy getting the departments in the new wing functioning properly, the country was visited by the most virulent and deadly epidemic in medical history, - the influenza of 1918. It carried off more lives than the Black Death of the Middle Ages. Complications with pneumonia besieged the city in October and November. Churches, places of amusement, schools and many places of business were closed by city ordinance. Since the causative agent had not, and could not be isolated at that time, there was no specific at hand with which to combat it. Quinine, imperial powders and citric fruit juices were used, although each doctor had his special remedy. Sister Innocent directed Sister Clementine Becher, the pharmacist, to keep the pharmacy well stocked with drugs the doctors were using. The refrigerators in the kitchen and departments bulged with lemons, orders of Sister Innocent.

Most of the patients were very ill when they were admitted; many of them ~~were~~ young, although no age group was immune. Severe headaches, backaches, pains in the limbs, fever, delirium often and the expectorating of frothy, bright red blood was typical. All were toxic from the onset, many purple at the extremities. The fifth east, where Sister Alexia Wilbert was supervisor was given over entirely to these patients, but it was not long until they could be found on the fifth west and elsewhere in the hospital. Numbers of Pitt University R.O.T.C. contracted the disease. They were brought in with their cots, which were placed wherever there was a space large enough for a cot and bedside table. The Sisters and doctors were tireless and fearless in their care of these patients. The heroic selflessness of the cholera and typhus fever days was repeated even more magnanimously.

All schools were closed; Mother Superior sent a number of school Sisters to the hospital to help out wherever they could be used. Father John Ward, the Chaplain, remained almost continuously making the rounds of the wards, administering the Sacraments, and assisting the dying to meet their Maker. Three hospital Sisters contracted the disease and died: Sisters Adelbert Considine, Rufina Bauer and Ignatius Hester.

One cold, dark, stormy night Sister Innocent received a call from a very desperate doctor in Natrona. He had opened a hospital for the victims in this town and had engaged the services of a graduate nurse and a staff of generous hearted but unskilled women. For some reason the nurse was called from the hospital and he had no one to be responsible for his patients. He asked for a couple of Sisters. He pleaded so hard, Sister Innocent could not refuse him. She sent him Sister M. Martina O'Brien and Sister M. Francis Xavier O'Reilly. It was a very stormy night for them to go out but they were repaid: when the train pulled into Natrona, there was a delegation of doctors and city officials awaiting to take them to the hospital.

When they reached the hospital they could well understand why the doctor in charge had been so distracted. They found some very sick patients. The hospital lacked nothing in the way of supplies and drugs; even assistants were not lacking: a group of young women stood by for directions; six townsmen constituted themselves as orderlies. The Sisters divided these into two shifts, a Sister superintendent for each. The hospital had another group of workers who were sent with all necessary supplies into homes to care for the sick there. Local priests were active night and day for their administrations were in demand both in

the hospitals and in the homes, where sometimes every member of the family lay sick in bed.

Mother Bernadette Cosgrove, the Mother Superior, offered the services of other school Sisters to Pastors of the schools in which they taught. Sister M. Norbertine Spinneweber, responding to this assignment in Washington, Pennsylvania, died of the disease.

The hospital Report of 1918-20 states that there were

586 cases of influenza in the hospital with 62 deaths.

476 cases of influenza complicated with pneumonia, with 213 deaths.

In 1921, Sister Innocent received a blow which never ceased to harass her until the hour of her death. The State appropriation, upon which she had depended to liquidate the debt on the south wing, was suddenly cut off on the grounds that the hospital was sectarian. The hospital Board of Directors, the hospital services to the community, had never been anything but non-sectarian; the legislators knew this. Justice does not always sit in legislative halls.

"The appropriations had been paid quarterly. The last two quarters of the fiscal year ending May 31, 1921, were not paid. Sister Innocent in protest wrote:

Our institution is chartered for the care and the relief of the sick and injured since January, 1847; it has uniformly opened its doors to all in need of medical and surgical care without any distinction or question of creed or color.

In Mr. Collin's Bill of Complaint issued for the Court of Common Pleas of Dauphin in 1919, on page 19, Paragraph 31, he says: 'That by

reason of the premises, persons in said institution are compelled to attend a place of worship against their consent; the right of conscience of said inmates are thereby controlled or interfered with, contrary to the said provisions of Article I, section 3 of the Constitutions.'

Sister Innocent wrote: "This is absolutely false as far as Mercy Hospital, Pittsburgh is concerned.

I would respectfully ask who compels any patient or attendant to attend a place of worship contrary to his or her wish. I say **POSITIVELY** such conditions do not exist and never have existed in our institution.

To S.E. Lewis, Auditor General

In her dilemma and distress of mind, Sister Innocent sought the advice of her Board of Directors; they counselled her to remove the crucifixes from the rooms, religious statues and pictures from the corridors, and close the chapel to the patients and their friends. Sister Innocent refused downrightly. Three years of financial struggle and worry followed; then something big happened: she received word that Henry C. Frick, one of Pittsburgh iron and coke barons, had left the hospital an endowment for maintenance which would be permanent and which would provide an annual income equivalent to the State appropriation she had been receiving. God had rewarded her faithfulness to Him. After she read this news, she walked out to the admission desk and told the Sisters, at the same time remarking: "Thank God, the Sisters will never have to know the hours of agony and frustration that have been mine." But the settlement of the estate of the hospital's greatest material benefactor took time.

Before the first annuity arrived, Sister Innocent had gone to her eternal home; she died January 15, 1923.

The worry and burden of the debt impaired Sister Innocent's health; during the summer of 1922 there was question in the mind of her superior as to her release from the anxieties inherent in the office of administrator. While this was being debated, there was in the hospital a Sister who had been admitted at the close of the school year as a victim of tuberculosis. Sister Innocent, visiting this victim during the summer, thought she could carry on the work of her office if this Sister, Sister M. Cornelius Meerwald, could be appointed her secretary. This came to pass and set a precedent which has continued to this day. But this relief could not stay the hands of the Reaper. On January 8, 1923, she was stricken down and on the fifteenth she folded her tired hands and went home to God.

For forty years Sister Innocent had been a vital force in the hospital; to the personnel it just did not seem possible that the hospital could go on functioning normally without her wise direction. Strong men stood at her bier and wept, for she had been a second mother and a wise counsellor to most of the doctors of the staff.

Perhaps the one who missed her most in the hospital, not including the Sisters, was Doctor John Jenkins Buchanan. He, Doctors Werder and Stewart had begun work in the hospital the same time Sister Innocent did; Sister as operating room supervisor worked close to them; when she became Superintendent and he, President of the medical staff, they continued to work for the good of the hospital.

Of the four, he was the only one left. One year later, he asked that the medical staff be permitted to have a memorial program. The request was granted: we give here Doctor Buchanan's memorial speech:

"When I first knew Sister Innocent she had charge of the surgical department and at the same time was supervisor in the operating room. She was there at all hours. It seems to me she never slept. At that time Doctor Stewart and I had much night work with accident cases; and no matter what time of night I went to the hospital, I would find her going about the dark wards with a candle or by the dim light of a small gas burner, giving the patients their drink, smoothing their pillows, and speaking re-assuring words - words that carried the conviction of authority.

"There was no task too menial for Sister Innocent, no work too laborious or exacting. It was customary for her to make all preparations for an operation and then assist the surgeon. Her capacity for hard and constant work was remarkable and her economy had much to do with her ability and that of the Sisters to make both ends meet in the ledger.

"Sister Innocent had excellent judgment, and her decisions were always prompt. When any new thing came up for consideration, it always seemed to me that she must have thought it all out before; for she was ready to look at it from all points of view and to decide upon a course which usually proved wise.

"Her courage in the face of dangers and difficulties was admirable. The outstanding trait of her character was sincerity. No one

could come away from an interview with her without the conviction that she meant what she said and that she had said all that was in her mind. She treated everyone with perfect fairness, and while she did not always accede to a request, it was always perfectly evident that her motives were good in refusing it.

"She was one of the most humble and unassuming persons that I have ever known. Yet when firmness was necessary, she was adamant; once convinced that a course of action was right, she never swerved from the path she had laid out.

"She had very lofty ideals in shaping the policy of the institution, and a keen appreciation of the value of everything and every person who might forward its interests. She had a tender heart and a deep consideration for the wretched; her whole life was given up to their relief either directly by her own ministrations or indirectly through others."

Never before had the deep sense of loss that was Doctor Buchanan's on the death of Sister Innocent been so evident to the Sisters. Sister Innocent's death was like the passing of much of his own life, for now, of all the Doctors and Sisters who had worked in the hospital in 1887, only he and Doctor Moyer survived. Doctor Stewart had died in 1915; Doctor Werder in 1919; in surgery he was surrounded by a younger generation. The sense of time was upon him.

Sister Innocent's influence extended beyond the doors of the hospital out into the community and the Pittsburgh Hospital Conference. The weight of her opinion did much to

shape the transactions of this body for a number of years. She was also active in her State Associations for both hospitals and nurses. But it was to the Catholic Hospital Association that she probably gave most. The Association was first organized in 1915.

At the time of its organization, the Catholic hospitals of the country had been doing good work, although some of them were very slow and even backward in introducing the procedures, skills, and equipment which the modern hospital and medical sciences demanded. There was reason for this: they were isolated units; they needed the stimulus that would come through discussions and conferences with Sisters from hospitals that were alive and progressive. They needed an organization that could demand certain standards of service for recognition.

At first Catholic Hospital leaders thought this could be effected through some affiliation with the American Hospital, but the AHA proved cold and unresponsive. It was then, under the genius of Reverend Charles Moulinier, S.J., that Sister executives met in St. Paul, Minnesota, for the purpose of organizing a Catholic Hospital Association.

The new Association was to be a channel for the dissemination of information on what was being done in the hospital world; it was to be a clearing house for the exchange of ideas and ideals from the Catholic viewpoint. Furthermore, its primary objective was to bring every Catholic hospital up to the standards of the period.

Sister Innocent was invited to become a member of the Board of Directors. Soon Father Moulinier became a familiar figure

at Mercy Hospital, where he made himself acquainted with the work of a Class A hospital and where he often came to discuss with its administrator some particularly knotty problem of the Association.

Sister was active in every meeting of the Association; she welcomed Sister executives to Mercy where she could show them a modern Catholic hospital at work; their Sisters were invited to come to the hospital to learn modern techniques and skills. Thus her influence and that of the hospital extended to many backward areas even during the seven years she lived after the organization was established. Like the valiant woman of the Proverbs, Sister Innocent "had put out her hand to strong things; she had opened her hand to the poor" and all who knew her rose up to praise her.

CHAPTER XI

HENRY C. FRICK COMES TO THE HOSPITAL

We must now go back to 1892, the year in which the Carnegie Steel Company attempted to break the grip of the workers' union in the Homestead plant. Open warfare between the strikers and the Pinkerton guards, who had been employed by the company to protect the strike-breakers, broke out; in the conflict Henry Frick, partner of Andrew Carnegie, was injured and brought to the hospital.

Henry C. Frick being the greatest material benefactor of the hospital, it will not be out of reason to tell something about

this man, who was one of America's greatest tycoons of industry.

Henry C. Frick was born in Westmoreland County. His father, of Swiss ancestry, was a farmer; his mother, of German descent, was the daughter of one of Westmoreland's largest land owners and the most prosperous miller and distiller in the countryside. Young Clay's rearing was said to have been wholesome. He attended local schools, yet was not too much interested in education; he wanted to do things; even then he could make good business deals among the boys. This young man, who was destined to become one of the principal architects of Western Pennsylvania's commercial greatness, and to whom Pittsburgh owes much for the place she holds among the leading industrial centers of the world, began life as a bookkeeper in his grandfather's office.

One day he listened to men in the office talking about the value of the coking coal deposits in the vicinity of what was then called Broad Ford. Coke-making at the time was in its infancy as an industry. Young Frick knew nothing about it, but after that talk he made up his mind he was going to learn all about it. He did, and before long we find him entering into partnership with some other men in the locality, buying up tracts of coal land and opening fifty ovens. The market proved good. The number of ovens increased until they had over two hundred in operation. In their enthusiasm some of the partners sunk every cent they had in the business. Then came the Panic of 1873. The coke business slumped terribly. Some of the partners were forced to sell. Young Frick was only twenty-four at the time, but his far seeing genius showed him his opportunity. He came to Pittsburgh. He persuaded

Thomas Mellon, banker, to loan him money; he went home and bought up every coke oven on sale. From then on he was arbiter in the coke industry. Coke was splendid for steel making; Andrew Carnegie saw the advantage to steel of a combination, a merger: The H.C. Frick Coke Company and the Carnegie Bros. and Co. Limited. Soon this long title was simplified to the Carnegie Steel Company.

Time passes on. In the summer of 1892, just before the financial crash of 1893, the price of steel fell sharply. In the Homestead mills wages were cut according to scale. The Carnegie Steel Company had been trying to break the grip of an outside labor union which was always advocating cooperative bargaining. The Company wanted its own union. This peeling of wages was a challenge to the outside organization, the Steel Workers' Union. The Historic Homestead Strike of July 15, 1892 followed in which the Pinkerton Guards fought in vain to protect strike-breakers. Finally the State militia restored order and the Steel Workers' Union collapsed for the time being.

On a Saturday afternoon during the Strike, H.C. Frick left his office in the Hussey Building and went across the street to the Duquesne Club to get his lunch. When he returned to his office and seated himself at his desk, he looked up into the barrel of a gun in the hand of Alexander Berkman, an anarchist, bent on ridding the country of capitalists and oppressors of the common man. Swinging himself about so that he received only a flesh wound in his shoulder, Mr. Frick leaped upon his small adversary and they went down together. As they fell, Mr. Frick knocked the gun out of his assailant's hand, but the agile anarchist quickly pulled a sharp knife with which he slashed Mr. Frick's expensive

shirt front. Just at that moment Andy Solsky, a carpenter working in the next room and hearing the scuffling, rushed into the office, hammer in hand, and dealt Berkman a blow between the shoulders, which felled him. The carpenter, hammer still in hand, sat down on his prey while Mr. Frick found his way to a couch in the corner of the office. This is the way Policeman Patrick Farrell and his two assistants found them. The three quickly handcuffed Berkman and hustled him off to jail. After a brief interval, the Mercy Hospital ambulance drew up before the office building entrance. The mob milling in the street seemed to know nothing of what had taken place; they offered no resistance to the doctors as they went about their errand. Mr. Frick was laid on the ambulance cot, wrapped in blankets so that not even his nose could be seen on that hot sweltering afternoon. He was soon in the ambulance and on his way to the hospital. It was one of the roughest rides the coke magnate had ever taken; iron tires on the wheels of the ambulance deadened no jolts or shocks as the vehicle rumbled over the cobblestone streets. Out of consideration for his fellowmen, Mr. Frick looked to it at once that future patients would not have to undergo a similar torture. A new rubber-tired ambulance, his gift, did it.

At the hospital Mr. Frick remained incognito for two weeks while his wounds were healing. Daily he donned an old coat, took his pipe and wandered down to the men's ward to play cards with the Carnegie Steel Company's sick and injured workmen. They received him as one of themselves apparently not at all curious or suspicious. They expressed themselves freely on the rights of the workingmen and on the "might is right" attitude of the Company officials. The

"big Boss" got all his men's reactions and had a chance to see the other side. At the end of two weeks Mr. Frick went back to his office but he never forgot the hospital.

Berkman, after a period in the penitentiary, was deported back to Russia. When asked why he attacked Mr. Frick, he replied:

I want to free the earth of the oppressors of the workingman. I wanted to punish Mr. Frick not to kill him. I did not assault Frick personally, but as the person who oppressed labor. I recognize no man by a name but as the cause of trouble, and I wanted to remove that cause.

Whatever Mr. Frick gave to the hospital during his lifetime was never made known to the Sisters, for he imposed a rigid silence upon the executive, who left no record of his benefactions. That he bought the first rubber-tired ambulance and the first and second X-Ray machines, and that his sister-in-law built the first emergency room with the first X-Ray room above it is pretty well established. After these gifts in the early years of Sister Innocent's administration, there seems to have been no communication between these benefactors and the hospital. It was this long period of silence that made the news of the endowment such a welcomed surprise.

It was said that the hospital received an endowment of three millions; actually, the hospital received much less. The income accruing from what has been received must be used for maintenance and is about equivalent to what the hospital would have received had it continued to receive a State appropriation.

The Sisters of Mercy cherish the memory of H.C. Frick. In all the history of the hospital there has never been such a gift given it, for rarely is there found a man, differing in the dedication of his life and in his spiritual outlook from such a group as the Sisters of Mercy, who is magnanimous enough, and humanitarian enough to overlook differences and remember so generously their services to the Community.

CHAPTER XII

THE ADMINISTRATION OF SISTER MARY ROSE CURRAN.

When Sister Innocent died on January 15, 1923, there was working in the hospital another religious who was destined to become even more closely allied to the Catholic Hospital Association, and through it to become nationally known and loved. This religious was Sister Mary Rose Curran, supervisor of the operating room in 1923. She was appointed to the office of administrator on Feb. 1, 1923.

Sister Mary Rose was a big woman, big in every way; she was big of stature, big of heart, big of vision. While in her early administrative years she was sometimes nervously impulsive under strain, her sincerity, candor, and singleness of purpose could never be questioned. She gave an administration wise and good for her time. Her big-hearted liberality enabled all departments in the hospital to develop without too much constraint. She was receptive to new ideas and when convinced of their worth was prompt in introducing them or giving them a trial.

Working with Sister Mary Rose as house-keeper was Sister M. Alexia Wilbert, the first registered nurse to be appointed as house-keeper. Sister Alexia was the second graduate of the Mercy School of Nursing to enter the Community. Sister M. Damien Sheehan was the first. Sister Alexia entered in 1904 when, as she tells us, surgical operations were still being performed on kitchen tables; she had often gone out as a nurse to the homes, prepared the kitchen tables, sterilized everything to be used in the operation, except the instruments which were brought from the hospital by the doctors.

Sister Alexia's capacity for long hours of hard work, her propensity to say whatever came into her mind, and her great hearted charity is hospital tradition. Sister was not the immediate successor of Sister M. Isadore Farrell who left the hospital in 1909. During Sister Innocent's administration, Sister M. Aquinas Regan twice filled the office: from 1909-13, and from 1919-22. The interim was filled by Sisters M. Scholastica Murto and Marie Hart.

The office of Bookkeeper dates from Sister Martina's administration. From 1847 until 1903 the administrators kept the accounts. Two books were kept: a register of the patients admitted and discharged, and a day-book. This book is a gold-mine to the hospital historian. In it was written not only the daily purchases of food and supplies with their prices, but interesting items about the patients admitted, accounts of the activities of the hospital and the Sisters. When the first housekeeper was appointed in 1893 she took over accounts pertaining to her office. When Sister Clare Kirk became housekeeper, she hired a Miss Clarke as bookkeeper and set up the department. Miss Clarke was asked not only to keep the books of receipts and expenditures but also to take care of the medical records. The work proved

too strenuous for her. Threatened by a nervous breakdown, she resigned and went out into the country to live with her brother and sister. Some years later she was found murdered on the beach of Atlantic City.

When Miss Clarke left the hospital, Sister M. Mildred O'Donnell was appointed bookkeeper; since that time only Sisters have filled this office. In the order of time they have been Sister M. Mildred O'Donnell, Sister M. Paula McInerney (1914-19); Sister M. Philip Neri McCarthy (1919-22); and Sister M. Cephas Burns (1922-).

Sister Mary Rose followed closely in the footsteps of Sister Innocent and continued to improve hospital service in the existing departments and to open new ones as the need warranted it. Altogether she opened five new departments: bronchoscopy, the service department, urology, venous therapy, and the anesthetic department.

In the order of time the service department came first. It was opened in 1923 in the old 1894 operating room on the second floor with Miss Mary O'Connor, a nurse, in charge. It had growing pains for it was received by the Sisters with considerable skepticism. Every department supervisor had been accustomed to having surgical trays, dressings, rubber goods, and all other supplies right on her floor. What were they going to do, they were asking one another, when all these things were down in the central supply center.

Mother Mary Rose listened but did not change her mind. One by one she began calling in every dressing basket, every piece of apparatus, rubber tubing, and other supplies. When the Sisters began taking these articles out of their presses, they were mortified to

find how many pieces of rubber tubing stored away in the presses had deteriorated and were no longer usable.

When the service department had been completely set up, Sister Mary Rose called a meeting of the doctors and explained that when they were ready to make their "rounds" each morning, all they had to do was to notify the service department and let it know what type of dressing tray they wanted and where they wanted it. When the service department received the message, the nurse in charge set out the trays, checked them to see that nothing was missing, and then sent them to the floor designated.

Doctor George Hays was the first surgeon to put in a requisition; when he saw the perfectly set-up tray complete in every detail, he was delighted and as soon as he had completed his "rounds", he went down to Sister Rose's office and then to the service department expressing his delight and satisfaction with the new arrangement.

The aim of the central service for surgical supplies is the same as for all other central services: (1) to eliminate waste, (2) to establish uniform service, and (3) to insure prompt and satisfactory service.

Once inaugurated, the service department pleased everyone. By 1932 the first quarters in the second floor Locust Street wing, were no longer commodious enough. Sister Mary Rose re-modelled several rooms on the second south opposite the 1918 emergency, and there moved the growing department. About the same time, the Sisters' porches and the doctors' smoking room or sun porch were built.

The supervisors of this department have been: Miss Mary O'Connor, Sister M. Renilda Hester, Sister M. Fidelis Powers, Sister M. Felicia Klinke, Sister M. Alphonsa Smith, Sister M. Ignatius Hickey, Sister M. Inez Parker, and Sister M. Francis de Sales Sullivan.

The hospital was honored during Sister M. Rose's administration in having as a guest, the Most Reverend Archbishop Regis Canevin. In 1921 His Excellency resigned his episcopal authority and retired from the public. He served as chaplain to the Felician Sisters, McKeesport. When his health began to fail, he came to Mercy Hospital. The large room opposite the chapel was furnished as his bedroom; he offered the Holy Sacrifice of the Mass every morning until near the end, on St. Joseph's altar in the Hospital Chapel. Surrounded by his successor, Bishop Boyle, his relatives and the Sisters, he died March 22, 1927.

Up to the time of World War I, sulphuric ether was practically the only anesthetic used in the hospital for general anesthesia. There is one exception: Doctor James Robinson administered spinal anesthesia to some patients of Doctors Griffith and Kipp in 1914.

However, during the War a number of new gases inducing anesthesia came into use. The hospital made no change until Doctor Metzger, examiner from the State Board of Licensure visited the hospital. He insisted that the hospital, in order to remain a first class hospital had to establish an anesthesia department with a fully trained and certified anesthesiologist in charge. No longer could any doctor or nurse administer anesthesia. Referring to this requirement, the Catholic Hospital Association put it on a moral basis:

Just as it is unjust for a physician to open the abdominal cavity with little knowledge and experience, so too, an anesthetist should gain competency before he is trusted with the unavoidable hazards ever present in surgical anesthesia.....

The College of Surgeons issued this recommendation:

Anesthesia is an important service in the hospital...because of its effect upon the future health of the patient, and the possibilities of its being a cause of death, it has become a specialty in itself, necessitating special equipment, as well as a properly trained and qualified personnel.

....Certain requirements are laid down for the safety and efficiency of the anesthetic service in the hospital of the present day:

1. There should be an organized department of anesthesia under the direct supervision of a competent medical anesthetist.
2. An adequate staff of competent assistants in the department is required.....

A teaching hospital had to meet these requirements; opposition weakened and Sister Mary Rose sent Doctor Phillip Faix away to study anesthesia and to qualify before the Specialty Board. When he returned in 1927 the department of anesthesia was opened in the operating room section of the hospital.

The new anesthetics were more powerful and required the most careful administration. The drop method used for ether would have been fatal; even Doctor J.J. Buchanan often reminded his anesthetist: "Young man, ether is an anesthetic not a beverage." Moreover the medical profession had become conscious of the deleterious effects of too much of anyone of these agents inducing insensibility. The times demanding it, precision machines for administering these newer gases were coming on the market. In Pittsburgh, the McKesson and Robbin Chemical Supply Company put one on the market. On January 20, 1932, E.J. McKesson demonstrated his machine before a group of local doctors in our amphitheatre. Our younger doctors wanted one; the seniors opposed; no layman could give an anesthetic, they argued, for E.J. McKesson was not a doctor.

When Sister Mary Rose found that the other hospitals in the area were introducing the machine, she yielded to the younger staff and permitted one to be put in the operating room on trial. The president of the staff shook his finger at Sister Rose and told her she would rue the day she permitted that machine to enter the operating room department.

Sister Rose and many of the hospital personnel attended the first operation in which the machine was used. Unfortunately, the very first patient went bad on the table; being a Catholic, he was anointed. When that was attended to, Sister Rose herself took hold of the machine, and despite all remonstrance or offers to help, she never paused until she had wheeled it outside of the hospital at the emergency entrance. The repercussions in the hospital can best be left to the reader. The McKesson Company were obliged to take the machine away. For some time

Sister Rose would listen to no arguments, but finally she yielded once more and the machine came back to stay.

Doctor Phillip Faix was not interested in anesthesia; he wanted to go into general surgery. In 1941 he resigned the position of director of anesthesia and was succeeded by Doctor Earl Remlinger.

Doctor Remlinger came to the hospital with exceptionally fine training in anesthesia. His work in the hospital brought great satisfaction to the surgeons and to everyone working in the operating room. One thing he failed to do; he refused to take and train residents for this specialty. Consequently, when he resigned in 1947 on account of a serious sinus condition, which he believed was being aggravated by the Pittsburgh atmosphere, the hospital was left with no doctor sufficiently qualified to administer the department until a certified anesthesiologist could be procured.

The number of anesthesiologists recognized by the Specialty Board at that date was few; and these, the government had requisitioned and sent them to serve with the armed forces. Sister M. Innocent II, who was administrator in 1947, through our Senator and other officials in Washington tried to get one released from service but failed; it was almost a year before with the help of some of the doctors, she secured Francis F. Foldes, M.D., an anesthesiologist on the assistant staff of the Massachusetts General Hospital. Today, the hospital has a flourishing school for anesthesiologists recognized both by the College of Surgeons and the Specialty Board.

For many years, Doctor Grover C. Weil, surgeon for the Pittsburgh Coal Company, had difficulty in healing his osteomyelitis cases

that had become contaminated at the time of the accident in the mine. During 1930, the Doctor attended a surgical meeting in East; he came home believing that at last he had a cure.

Here it is necessary to offer an explanation. Whenever a patient had an open lesion exposed to the air, Sisters and nurses guarded it with their lives, for if flies lighted on it and maggots developed, they felt disgraced; careless nursing, inattention to cleanliness was charged against them. How they worked to clean out those maggots before the Doctor arrived. One day, a patient of Doctor R.W. Stewart's complained to him of the harsh treatment he had received because maggots got into his wound. To the distressed Sister and nurses, he remarked quietly: "I have never seen any ill effects from maggots." Still, maggots remained on the index.

With this background, imagine Mother Mary Rose's amazement when Doctor Weil dropped into her office to talk over with her a little matter. "The little matter" took the form of a request for a laboratory where he could develop sterile maggots. He explained that when these maggots were placed on a square of moist gauze and laid upon the lesion, the little fellows went to work, cleaned out all the necrotic matter leaving the wound nice and clean, so that it healed at once. But maggots are restless little creatures and once their task was done, they went foraging all over the patient's body. The remedy was never a popular one among the patients, but Doctor Weil kept his laboratory until 1932 when the sulfa drugs came on the market; they solved the osteomyelitis problem.

An emergency led to the opening of the next department: bronchoscopy. One day in 1932 Sister M. Annette Boland was brought into the hospital with a foreign body in her respiratory organs. The hospital had no bronchoscopist at the time, so Sister had to be sent to the Presbyterian Hospital to have the body removed. At once, Sister M. Rose arranged to supply this defect in the service. She sent Doctor J.W. Perrone, one of the residents, to Philadelphia to study bronchoscopy under Doctor Gabriel Tucker. Now this Gabriel Tucker had made his internship in this hospital. When his internship was about to end, he applied for a residency here. Our Interne and Resident Committee reviewing the qualifications of the candidates decided that Doctor Tucker did not have the qualification required for membership on our Hospital staff. Doctor Tucker went to Philadelphia. Doctor Cheveliar Jackson saw in him possibilities, accepted him as his assistant, and then as he grew old, made him his successor. Now, Cheveliar Jackson who as a little boy attended the private school conducted by Mother Francis Warde's nephew's widow (Sister Paul Xavier's mother) was the greatest bronchoscopist in the country and Doctor Gabriel Tucker following him, became the second best nationally known bronchoscopist. To him, the Mercy Hospital sent Doctor Perrone for training.

When Doctor Perrone returned in 1933, Sister M. Rose assigned to him a suite of rooms adjoining the emergency room on the second floor, south. Today, it is no uncommon thing for the Sisters at the hospital coming out from early Mass on Christmas morning to find anxious mothers and fathers pacing the floor outside the Doctor's department, with their baby in their arms. They are waiting for the doctor to come and remove some toy or part of one from the Baby's bronchial tubes or lungs.

The Specialty Boards were responsible for the next new department, that of urology. The short fourth floor southeast wing had been used for storage since the opening of the south wing, but when Doctor E.J. McCague came back to the hospital, a specialist in Urology, he had to have a department. Sister Mary Rose directed Sister M. Alexia to remove all the stored goods to the large fifth south-west department and renovate and equip the fourth southeast for urology. This department received the highest commendation from a group of urologists from all parts of the Eastern section of the country when it met here in convention shortly after its opening.

The Venous Therapy was the last new department opened by Sister Mary Rose during her administration. It is a relatively new treatment, but one that has become almost a necessity in the care of the sick. In this hospital it had its beginning in the pathological laboratory under Sister M. Berchmans Shields. Doctor Permar mentions it in his January 3, 1929, report to the annual staff meeting. He remarked that there had been such a demand for this type of treatment, it was impeding the routine laboratory work and the laboratory persone were looking forward to the day when it would have its own quarters and therapists. That day came in 1932. A room on the third south at the junction of the south wing with the original 1848 wing was fitted up for the work and Sister M. Bernita McDermott and Sister M. Edwin Kenna were placed in charge. At first these Sisters made up the solutions, but in a short time, the solutions were bought and the department closed. The solutions were dispensed from the blood bank.

Since the organization of the medical staff in 1892, Doctor J.W. Buchanan had preserved a personal interest in the keeping and storing of medical records in the hospital. He believed that medical records should never be destroyed. Consequently, about 1930 the medical records filled every inch of storage space allotted them. Once more the question was asked: "Could not the 1892 records, so apparently incomplete and useless be destroyed?" The answer was an unequivocal "NO". Immediately Doctor Buchanan and his faithful secretary, Miss Crider, went to work; they sorted the records, stapled them, and packaged them; then at his own expense, he bought a number of storage files, for which Sister M. Alexia had to find floor space. So meticulously had he worked, he was able to write later that "Each record exclusive of the work spent on it, cost just one and one-third cents". He published an account of his method of filing and storing in the bulletin of the College of Surgeons, 1932. When the State examiner from the Board of Licensure arrived, he complimented Doctor Buchanan on his fine medical record library, but he had one criticism; some of the doctors were months behind in completing their records. This impaired the value of records for research.

Doctor Buchanan recognized the truth of this criticism. He took immediate steps to correct it. Again he went over the more recent records, listed the incomplete ones, took the names of the delinquents and the number of their incomplete records. Then one morning, pad in hand, he took his stand near the front entrance. One by one the Doctors came through the front door, unsuspecting and bent on another full day's work. Doctor Buchanan's "Good morning, Sister" or "Good morning, Doctor" had in it a gracious whole-heartedness of a father welcoming his children home. Each doctor, as

he came into the hospital that morning received that hearty fraternal greeting, but to the delinquents he added, "By the way Doctor, you have charts uncompleted; please step into the record room and complete them." There were remonstrances but when Doctor J.J. Buchanan spoke, there was not a man on the staff who had the temerity to say "No." They had all been internes under him. There was nothing else to do, so the delinquents called off all appointments for the time being and went to the record room. The record room personnel had been instructed to have everything on the tables for work. Finally the most delinquent one of all arrived. He could not escape. Imagine how shocked the Doctor was when the delinquent asked, "Where is the record room?" He found out, and probably never forgot.

It was characteristic of the older doctors to look upon the hospital as something a part of themselves; in a way the hospital was to them an extension of their home. The general welfare of the hospital, every happening in it as well as every member of the hospital family were subjects of deep interest to them.

Among those who manifested this attachment to the hospital was Doctor Edward E. Weiss, the gynecologist. His was a dynamic personality and he was Sister Innocent's "right hand" in organizing the medical Social Service department and establishing the medical record department as a separate unit with Mrs. Hilda Barr Murphy, librarian. At the time of his last illness he came to the hospital before going to Hawaii where he hoped to regain his health. A Sister said to him, "Get real well, Doctor, and come back to us, we need you." He answered: "I need the hospital more than the hospital needs me." Doctor Weiss died in

Hawaii. He remembered the hospital. In his will he left a fellowship fund for the education of Mercy internes in some 'specialty. This was the first fellowship of its kind. E.V. Babcock left \$35,000 for a fellowship later and more recently Mr. Charles McCune left a sum for the same purpose.

Probably the last imposed task for the greater good of the hospital as he saw it, was Doctor Buchanan's demand for a second room for the basement library. In 1921 Doctor Buchanan had fought until he got the present large room on the first floor for the doctors' medical library. The doctors equipped it, provided all the books and magazines, and engaged a full-time librarian. Soon this room was over-stacked, then he requisitioned a basement room for the archives; soon that was full, then his last demand, a second room in the basement; a portion of this is being used by a Women's Auxiliary for the books of their circulating library.

The Mercy Day Clinic inaugurated in 1922 was not exactly Doctor Buchanan's project; Doctor H.H. Donaldson was most active here but Doctor J.J. Buchanan was a warm supporter.

Sister Mary Rose inherited two tasks with her office: the building of a nurses residence commodious enough to house all the nurses required of a 670 bed hospital. The second task, a large and modern out-patient department. After the opening of the south wing, many more nurses were needed. St. Anne's Hall could not accommodate the increase and many nurses had to be housed in rented houses on Pride St. and even on Marion Street. This arrangement gave Sisters Rose and Etheldreda great anxiety for the watchfulness and protection of those responsible was greatly diminished.

Finally on March 17, 1925 the steam shovel appeared in the open space between the hospital and the Boulevard. Work had begun. Permission to intercept Vickeroy Street had to be obtained from the city. This was given but that was not the greatest worry. The workmen found much rock which required further municipal permissions for blasting. Finally, however, the new Mercy School for Nursing was opened for visitors on September 21, 1926, after the ceremonies of dedication were completed by Bishop Hugh C. Boyle. Everyone said at the time it was too big; time has refuted that opinion. The enrollment of students increased year by year. To relieve the laundry from caring for hundreds of blue uniforms, white aprons, cuffs, and collars, in 1929 all students began wearing white uniforms. At the same time the Sisters began wearing the white habit in their departments. For a short time they wore their black habits to Mass.

The last years of Sister M. Rose's administration, that is from 1929-34, were years of great anxiety. They were the years of the greatest depression in history. Banks closed their doors; distracted doctors paced the corridor for a week as one bank after another crashed. People lost their savings for years; to conserve what funds they had, the sick remained at home; surgical operations were postponed; private rooms stood vacant; unemployment and worry brought on sickness. The number of sick unable to pay hospital charges increased. The bookkeeper's ledger began to stand in the red too often. This was the situation on May 18, 1934, when Sister Mary Rose's administration suddenly terminated; she had been called to the Motherhouse to the office of the Mother Superior.

Before closing this administration, another work of hers should be mentioned. For convenience sake the doctors' dining room and the priests' dining room were moved adjacent to the kitchen, so that hot foods could be more easily served. The old third floor ward in the 1848 building was redecorated, set up and opened as the doctors' dining room. It was large, roomy and convenient. A large room at the west corner of the third south was furnished for the priests' dining room. This was done in 1931; in 1934 the large room above the doctors' dining room was furnished for the Sisters' Community room. The former community room was converted into a sacristy.

No account of Sister Rose's administration would be complete without some mention of her activities in the hospital field outside of the hospital. While active in both local and State organizations in nursing, her greatest contribution was made to the Catholic Hospital Association. For years she was a member of the Executive Board. Her wise counsel and her wide knowledge of nursing problems were recognized. This brought the Reverend Alphonse Schwitalla, S.J., the president of the Association, frequently to Mercy Hospital for consultation. After her death he wrote to Sister M. Innocent, the administrator, "The glorious death of Mother Rose brings to my mind duties of gratitude for all she has meant to me during the twenty and more years of my life; I have known her chiefly as a wise, thoughtful, considerate, sympathetic counselor and friend. Through her cheerful, joyous outlook on life she has enabled us to change the threat of national problems into occasions of higher achievement. The Catholic Hospital Association owes her an unrepayable debt of gratitude. She has given us of her best and she has become a tradition which the Catholic hospitals of the country should long cherish....."

CHAPTER XIII

ADMINISTRATION OF SISTER ANNA MARIE MCDONNELL

Throughout the depression years from 1929 until 1935, the hopes of the public were buoyed up by such slogans as "Prosperity is just around the corner." The country was a long time turning that corner. In 1934, when Mother Mary Rose was elected the Mother Superior of the Community and removed from the hospital, the daily average occupancy of the hospital was 300; this meant that there were usually about 370 vacant beds. Private rooms were for the most part vacant; the eighth floor had been closed for nearly two years. Mother Rose's successor, Sister Anna Marie came to the office of administrator when the daybook sometimes stood in the red.

Rich in hospital experience, Sister Anna Marie had become intimately acquainted with the tragedies of depression. As supervisor of the emergency room, she had had daily contacts with starved patients, patients suffering from broken spirits and all the ills that stem from anxiety and unemployment; she knew what it was doing to our people; she knew what it was doing to the hospital. She had no illusions concerning the necessity of administering the hospital along sound business principles.

One of Sister's administrative acts was to open the eighth floor as an Infirmary for sick Sisters. This arrangement lasted less than a year, for the illusive corner had been turned, and the last months of 1934 brought an increased demand for private room service. On Christmas Eve there was not a vacant room on the seventh floor and very few on the sixth floor and the third east. Consequently, after

the New Year, the Sisters' infirmary was moved to the fourth floor of the school of nursing and the eighth floor opened to patients.

"Economy" was a great catch word in the depression; radio and press were recommending it in every phase of human activity; people were advised to spend and keep money in circulation; hoarding was in great disfavor. Out of all the talk on economy came the "menu system" in the dietary department. Menu slips for the following day were passed to the patients on the evening tray; patients were instructed to check the foods they preferred for the next day. The results are: Patients are better satisfied and food is conserved. The "menu system" is routine today.

Another benefit growing out of the depression is prepaid health insurance. The cost of hospital care had risen sharply through the years due to the increased costs of maintenance. The increased costs of such basic materials as food, bedding, and textile materials; the demand for expensive equipment, and the salaries of a highly skilled and professional personnel, created for the modern hospital a heavy financial operating burden. As a consequence the cost of hospitalization rose until it was universally recognized that to the average wage earner a long illness brought financial bankruptcy. It was the sturdy middle class that suffered most; too proud and too honest to ask for charity, they mortgaged their future.

For years industrial firms carried accident insurance to take care of employees injured on duty. Now in the thirties it was the non-compensable illnesses that the American Hospital Association and the College of Surgeons had in mind when they organized what today is known as the "Blue Cross." This is a system of paying

by installments for anticipated illnesses. The Pittsburgh Hospital Conference decided to adopt it in 1937 although it took some time to get the operating machinery functioning.

The "Blue Cross" entitled its constituents to double room hospital service with certain routine laboratory tests. From July 1939 until December 31 of that year, 350 "Blue Cross" patients were admitted. From an economic viewpoint, "Blue Cross" added nothing to the income, yet neither, at that date, was it a liability. Since "Blue Cross" did not include the costs of medical care, the American Medical Association organized the "Blue Shield" for this purpose.

One striking effect of prepaid health insurance is that no longer are there vacant beds in the hospital. People come into the hospital under Blue Cross for reasons they would never have thought of coming had they not been paying their insurance. But even yet, this Blue Cross does not cover every deserving citizen. It sometimes happens that a person has met adverse circumstances and cannot keep up his insurance. The result is the perennial question of the government taking over the care of the sick.

A living organism must keep growing or else it atrophies and dies. Hospitals are much the same. By 1935 the X-Ray department of 1918 had outgrown its quarters; pediatrics in the hospital was not meeting State requirements for so large a student body; other specialties needed relief for their growing pains; Sister Anna Marie studied the situation and at the annual staff meeting of 1936 announced to the doctors that she would complete the original plan of the south wing that had been curtailed because of World War I

and the rise in costs. The object of the new south east wing was not to increase the bed capacity but to meet the natural growth of surgery, X-Ray, pediatrics and other departments.

In this gigantic undertaking, Sister Anna Marie was assisted by her very able housekeeper, Sister M. Francis de Sales Sullivan. Like the last housekeeper, Sister Francis de Sales is a nurse, a most valuable asset for one planning hospital units; furthermore, Sister was a born organizer with sound judgment and a keen insight. With her knowledge of hospital service, she was a wise counselor in the undertaking.

Together Sister Anna Marie and her housekeeper went over the plans of the new wing carefully, and after consulting the supervisors of the various departments, were ready to give minute directions to their architects: Kaiser and Reid. From March 25, 1937, until "open House Day", Sister Anna Marie checked daily on architects and builders. She had climbed over all shapes and sizes of materials throughout the building process until the day before the Open House; then, she fell and broke her arm or wrist.

After the new wing was completed in March, 1939, the south wing had to be remodelled so that the corresponding floors of each wing formed a unit of service.

The normal bed capacity when all changes had been made stood at 680 beds but due to prepaid insurance and emergencies, beds have had to be put up until the capacity is now about 733.

Scarcely had the hospital settled down to normal functioning when Japan attacked Hawaii destroying a great portion of our fleet in the harbor there. The next day, December 8, 1941, President Franklin D. Roosevelt asked Congress to declare war; in a few weeks the declaration was extended to include Germany. It was World War II begun.

1918-1939

1939

FLOORS

OLD LAY-OUT

NEW LAY-OUT

9th	pediatrics	pediatrics
8th	private rooms (men)	Private rooms
7th	private rooms (women)	private rooms
6th	private rooms	obstetrics
5th S.	obstetrics	gynecology
5th E.	men's medical	men's medical
5th W.	men's medical	women's medical
4th S.E.	(new)	operating rooms
4th S.	gynecology	*
4th E.	obstetrics	small private (men)
4th W.	women's medical	Urology - men
3rd E.	women's private	women's private
3rd S.	pharmacy & dietary	pharmacy & dietary
3rd W.	men's surgical	women's wards
2nd E.	men's surgical	men's surgical
2nd S.	men's surgical	emergency-cent.supply

* The new lay-out of 4th S.

Urology,
Bronchoscopy, and
X-Ray, Cobalt

2nd W	men's surgical and O.R.	Men's surgical
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2nd W	Pittsburgh Coal Ward	No change
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1st. E.	Medical Library Doctors' Offices Administrator's Office Medical Social Service Admission Office Information	No change
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1st W..	Parlor Record Room Record Storage Rooms Other Storage Rooms	No change
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After the draft law had been passed in October providing for the induction of men into the armed forces, some of the young doctors enlisted; workmen had been drafted. Now, both enlistments and drafting were speeded up. Soon all staffs of the hospital were depleted. The Sisters did double duty; they supervised floors, then went in relays to the dietary serving rooms, and to the laundry to fill places vacated by maids who left for positions in mills and factories where they received higher wages than they had ever been paid before. High School pupils volunteered service and came after school to work in the kitchen and laundry; high school boys cleaned the stairs and corridors.

As the nursing staff enlisted, the government made enticing offers to senior high school girls to elect nursing as their vocation. The most effective of these offers was the cadet nurses' program. It came to be the largest nursing education project ever undertaken by the government. According to the United States Public Health Service:

"This cadet nurses' program under the Bolten Act brought educational opportunities to 179,000 young women enrolled in more than 1100 schools of nursing. At the close of the program (September, 1948) approximately 125,000 cadet nurses were graduated. The cost of this amounted to \$176,300,000."

The Mercy School of Nursing qualified and trained cadet nurses as a public service. While the cadets augmented the student body by 30%, they did not help in solving the problem of nurse shortage, because as soon as they reached the last months of their training, they were called to a government hospital to complete their time.

The Red Cross undertook to aid hospitals in solving the nursing problem; through its influence, State and Federal approval of Nurses' Aids was obtained. These nurses' Aids were given intensive nursing courses extending over a period of six weeks; after completing their course, the aids went into the departments helping to give baths to certain types of patients, serve trays, give morning and afternoon care, take patients to the physiotherapy and other departments for treatment. This left the student nurse free to give specialized care to the very ill patient. The hospital trained about 150 of these aids when the Red Cross ruled that all nurses' aids must be trained at the Women's Hospital; politics had gotten in even here.

Not only did the hospital expand its facilities during Sister Anna Marie's time, it exhibited its vitality in improving old techniques and in introducing new services. In 1937 fever therapy for pelvic inflammations, for certain cases of arthritis and chorea was introduced and put under the care of Doctor Ralph Lynch; as time went on this treatment found its place in the physiotherapy. Oxygen tents were not new in the hospital, but in the beginning the oxygen tent appeared as the last resort. From 1937 the oxygen tent became a familiar piece of apparatus in every department.

For years the administering of blood to patients suffering from hemorrhage, accidents, or other debilitating diseases had been used; usually, however, the reactions following these administrations were so severe that many doctors questioned the benefit of this type of therapy.

Like venous therapy, the preparation of blood for transfusions had its first home in

the Magee laboratory; the bacteriologist matched, typed, cared for the blood, for the donors, and for the administration to the patients. In 1938 the Director of the laboratory complained to the medical staff that so many blood transfusions were being requisitioned that its preparation impeded the routine work of the laboratory and the teaching of internes. Throughout 1939, though the housing of the blood bank was not changed, Doctor Mark Bracken was assigned to the laboratory personnel, to devote all his time to the blood bank. With better preparation Doctor Bracken worked meticulously in typing and matching each contribution of blood, during a six months period 317 transfusions were given with no fatal reaction, but many mild or moderately severe ones. Blood donors were scarce, yet it was becoming evident that donors had to be screened. Little by little the technique was perfected; today a blood transfusion produces no ill effect and many good ones.

In July, 1939, the use of blood plasma instead of whole blood marked a step forward; doctors grew confident and began ordering transfusions routinely for any debilitating condition. The blood bank now reached the status of a department; quarters were prepared for it on the first floor, southwest wing, with an entrance from Stevenson Street, so that donors need not pass through the hospital. The future looked very promising for this new department when Doctor Bracken was called to service. Doctor Oliver Turner was appointed substitute. At the January meeting of the staff in 1941, Doctor Permar remarked that our blood bank was the only one operating in the Tri-State area.

Between 1942 and the close of the War, the RH factor in newborn and in obstetrical cases received considerable study and examination; the blood bank personnel took up the work of giving the agglutination test to all blood donors and to all maternity patients. Today this work

has advanced to such a point that the RH baby or "blue baby" as it used to be called need not die; a specialist extracts the infant's own blood and at the same time it injects life giving blood into the little veins. When done in time, the baby lives and so another hurdle has been passed.

The War added to the work of the laboratory personnel; before leaving for camp, dozens of troopers were allocated by the city army center to the hospital for the Kahn test. The Management too was directed to organize hospital activities so as to provide for emergency civilian defense. A large room on the second floor close to the emergency room was equipped with beds and all bedside appurtenances in case of attack. The city had its program; citizens were assigned to limited areas which they patrolled when a trial air-attack was sounded by the sirens. All lights in the hospital and adjoining buildings had to be extinguished; the emergency staff had to be stationed at their posts. But that was not all; the Director of Public Health, disregarding War-time embarrassments directed the laboratory personnel to make a survey of all cancer cases in the hospital from January 1, 1937, until December 31 of the same year.

During the War, the building of so many government hospitals created an interne shortage; this shortage like that of the graduate nurse shortage has never been remedied. All through the years before the War, the hospitals acted independently in securing internes. During Sister Mary Rose's administration, our doctors held examinations in different cities and interviewed senior students. Different medical schools were contacted beforehand, chiefly Jefferson and the University of Pennsylvania in Philadelphia.

and the Catholic medical schools of St. Louis, Georgetown and Detroit; but in the final muster, the majority came from the University of Pittsburgh.

In 1938 the Interne Council of America, a division of the American Medical Association, laid down minimal requirements for interne clinical training. The hospital measured up to this standard with a possible weak point in some cases in personal bedside instruction. Not all doctors are equally good teachers.

As time went on and hospitals increased in number and size, there came to be more interne positions to fill than there were internes to fill them. Securing internes for a hospital became a highly competitive business on the part of the hospital medical staffs. Large hospitals attracted internes by the rich experience they provided; small hospitals offered salaries up to \$300 with board, room, and laundry.

In 1941, because no hospital executive was satisfied with the status quo, the interne committees of the hospitals in this area decided to adopt a modified Philadelphia Plan. Under this plan, a Central Committee composed of the chairmen of the interne committee of the four teaching hospitals in Pittsburgh - Presbyterian, Allegheny General, St. Francis, and Mercy - was formed. Medical students sending in applications for internship addressed them to the Central Committee; their credentials, they sent to the hospital of their choice. Hospitals were asked not to accept any interne before November 15. Here the personal factor entered. Wide-awake doctors out for A-1 internes worked through the third and fourth year of the students clinical instruction in the hospital to attract these young men to their hospital by personal interest and attention to them, inviting them out to their homes and in establishing good public

relations. Where hospital staffs failed to do this, the hospital suffered. At the close of 1942, Mercy Hospital found itself with the fewest number of A-1 and A-2 students in the group. The matter was far from adjustment at the close of Sister Anna Marie's administration.

To a certain degree, the interne problem is a medical staff problem. In the hospital Doctor J.J. Buchanan had passed away and with him that strong driving power which kept every staff man doing his share in keeping Mercy Hospital one of the best teaching hospitals in the area. This power removed, the young men's first interest was in building up a lucrative practice; they were not interested in teaching; the older men were caring for a large clientele which left them little time to prepare fresh material for teaching. There was a small group in the hospital, led and influenced by Doctor W.W.G. MacLachlan, who were much interested in teaching of internes and did most of the teaching. Yet, not a man on the staff wanted the hospital to give up interne training, for the coming of internes fresh from medical school was like pouring new blood into the medical staff; it made every man read his medical journals, attend meetings, and keep himself up to date on the advances in his field.

Speaking of the medical staff of the hospital, it might be interesting to note here that until 1928 the senior surgical and medical staff resembled a closed shop. When the 1928 Biennial Report came out the senior surgeons listed were: J.J. Buchanan, George Hays, J.P. Griffith; the senior medical staff listed: W.W.G. MacLachlan and J.I. Johnston. For years there had been no admissions. Men advanced to the Junior staff and there they remained.

When the 1928 Report came out, Doctor H.H. Donaldson, who had been on the junior staff for twenty or more years and whose hair was fading to grey around the temples, went to the administrator and asked: "At what age does a man cease to be a junior around here?" That aroused everyone; at the next annual staff meeting, the "juniors" of long standing were elected to the senior staff with no explanation. Since that time, due to the re-organization of the staff, young men move up or out very much faster.

When Sister Anna Marie became administrator, all members of the staff elected in 1892 had passed away with one exception: Doctor J.J. Buchanan. Daily for more than forty years he had been coming to the hospital; he had been chief of clinical surgery at the medical school since 1901; he had been president of the hospital medical staff since 1924. He had trained every man on the surgical staff of the hospital with one exception. His word, therefore, was law to staff members and to every student coming into the hospital.

On January 21, 1937, the Allegheny County Medical Society honored him with a whole day celebration: they called it "Buchanan Day". Doctor R.J. Behan, President of the Society, presided: Dean DeWitt Lewis, surgeon-in-chief of Johns Hopkins Hospital, Baltimore, Doctor E.C. Rosenow of the Mayo Foundation, Rochester, Minnesota, and Doctor J. Eastman Sheehan of New York and London were the guest speakers. Former internes and residents whom he had trained gathered to hail him on this happy occasion. It was most fortunate that this tribute was paid to him at this time for his work was about ended, for one day in the following June, Doctor J.J. Buchanan did not come through the front door

at eight o'clock. He was never to come again. On August 24, 1937, he passed away quietly at his home. Pittsburgh had lost a great man.

One day in the spring of 1937, Doctor Buchanan read in the Sunday supplement an article on Mother Catherine Drexel. He took it to Sister Anna Marie; he said: "Here is a great woman; she had done a wonderful work, and she had been one of us. I want to go and talk to her." He then proposed that he would take his car and chauffeur and Sister Anna Marie was to get her companion and write asking Mother Catherine to see him. Sister wrote and received a gracious invitation, but Doctor Buchanan was unable to take the trip when the time arrived to go.

Time was removing other familiar figures from the hospital. Among the Sisters was Sister M. Dorothy Cannon who died July 13, 1934. Sister Dorothy's affiliation with the hospital goes back to typhoid days. She worked on the LPR, that is the Ladies' Private Rooms. It is said that one could judge Sister Dorothy's opinion of her patients by the number of doilies and the fancy pillows with which she fancied up their rooms; such things were permitted in Sister Dorothy's day. Everybody loved Sister for her childlike simplicity, especially her nephew, Henry Cannon, who gave the pipe organ to the chapel in her memory in 1953.

Sister Marguerite Golback was in the Women's ward when the Johnstown Flood occurred. She used to tell how one day a doctor came back from Johnstown and coming to her ward pulled out of his big overcoat pocket a new-born baby and told her to take care of it. The Mother was on her way.

During the last couple of years of Sister Mary Rose's administration and throughout Sister Anna Marie's administration the development of effective chemotherapy for most of the more serious infectious diseases brought about striking changes in medical practice. To mention just two: there were the sulfanamide compounds which appeared in 1932. Quickly a whole series of them appeared, each supposed to be the best prophylactic for some certain disease; sulfapyridine, sulfathiazole, and sulfathiazine are but three of these.

During the Second World War the sulfa drugs were most effective in allaying infections. The eminent English internist, Paul Beeson, M.D., and his co-workers maintain that sulfadiazine and sulfamerazine remained the best agents throughout the War for meningococcia and shigella or dysentery infections. But the sulfa drugs could not hold the pre-eminence long in the face of the very prolific and efficacious drugs that research laboratories were placing on the market; the reason for this is that the sulfa drugs have a number of deleterious effects. Much harm resulted during the War through the indiscriminate use of these drugs which are much more powerful than the drugs of former decades.

In 1941 penicillin appeared in the hospital. The demonstration of the effectiveness of penicillin, its low toxicity, and its large scale production during the last years of the War easily pushed the sulfa drugs to a second place.

On August 12, 1943, about one year before Sister Anna Marie's term of office as Superior of the hospital expired, Father Cyril Vlossak, O.S.B., Pastor of Holy Trinity Church in Ligonier, wrote to the Mother Superior, Mother M. Irenaeus Dougherty, and told her that the people of Ligonier were most anxious for a hospital in Ligonier and asked her to consider

it. Later he wrote again and invited her to come to Ligonier and see the prospects for such an undertaking. Taking Sister Anna Marie with her, Mother Irenaeus went to Ligonier, met Father Cyril and looked at a house. It did not lend itself to Hospital purposes. A little later a beautiful and well-built house belonging to a widow attracted the attention of the hospital searchers. Mrs. Vogel agreed to sell and moved her furniture out on June 12, 1944. Shortly after the deeds were signed and Mrs. Vogel handed the keys over to Mother Irenaeus. ¹

Mother Irenaeus handed the keys to Sister Anna Marie with the injunction to furnish and equip the building for hospital purposes. Little by little every bit of furniture, every needful equipment including an X-Ray machine found its way to the new hospital. By August 15, 1944, the Ligonier Hospital was ready for "Open House" day. That morning after Mass and breakfast at the Pittsburgh Mercy Hospital, Sister Anna Marie and her new hospital corps of Sisters left for Ligonier.

A sunporch had been furnished for chapel purposes; after Father Cyril blessed the house, he brought the Blessed Sacrament to begin its Apostolate among the sick patients under the Sisters' Care.

1 The deeds were signed and the purchase made June 16, 1944.

NOTE: In 1935 Sister Anna Marie installed two new front elevators at the entrance, and an automatic freight elevator in the chapel corridor, and in 1937 an elevator in the Magee laboratory.

CHAPTER XIV

ADMINISTRATION OF A SECOND SISTER M. INNOCENT

World War II was in its third year when Sister Anna Marie McDonald's term of administration expired August 15, 1944. Once relieved of her responsibility she went immediately to Ligonier where she was to open a new hospital. Sister M. Innocent Hughes, niece of the former superintendent of that name, succeeded her as superior and administrator of the hospital.

Sister Innocent II was a graduate of the Carnegie School of Technology and a registered nurse of some sixteen years. Nature had endowed her with a penetrating mind and a pleasing personality, which with her other endowments fitted her admirably for her new position. Undoubtedly, her new responsibility must have seemed colossal to her in the beginning, yet it could scarcely have been unfamiliar. It was her perspective that was new.

When Sister assumed administration, the hospital was demonstrating in a most creditable manner its vitality and ability to meet the demands of total war and at the same time to fulfil its basic obligations on its traditionally high standards.

There was no gainsaying the fact that the routine of the hospital was somewhat out of joint; all staffs were depleted; the younger physicians and surgeons were in military service winning renown for their exceptional work; the older staff members were carrying double burden. The crisis in nursing has already been referred to. The incompetence and unreliability of the unskilled maintenance staff

increased the harassment of supervisors. Yet perhaps never before in the history of the hospital had the patient load kept so consistently close to full-house capacity. Yet it was this very power to operate under such handicaps that was the index of the soundness of the private hospital.

But personnel problems were only one side of the administrator's managerial troubles. Government priorities curtailed or removed from the market many of the hospital, surgical, pharmaceutical supplies required for hospital operation. Food prices skyrocketed; so did prices on all other commodities thus creating a Gordian Knot hard to unravel.

December, 1944, brought the Battle of the Bulge; it was the darkness before the dawn. The War ended August 14, 1945. By the end of the year the young doctors and male members of the maintenance staff were drifting back. Not so, the graduate nurses; government hospitals were offering twice the salaries of non-government hospitals with much less work; even though some military hospitals were closing, other and what seemed brighter fields beckoned to the nurse.

The period of transition from war to peace time order brought problems peculiar to itself; Right Reverend Maurice Griffin, President of the Catholic Hospital Association in 1947-48, summed up the hospital situation in these words:

"Confronting all hospitals are the problems growing out of the inflationary period through which we are passing. Foremost among these are the problems relating to costs and rates including reimbursements by Blue Cross. While these have been the source of much

serious difficulty to some administrators, the problem of personnel, particularly for nursing service - with its acute shortage of registered nurses, nurses' assistants, aides and auxiliary workers - has made it impossible for a large number of hospitals to care for the many sick who appeal for service and attention; in the Sisters' and Brothers' hospitals this last condition has drained their own vitality and strength - for in their efforts to do everything possible, the Religious have literally spent themselves".

The Mercy Hospital fared better than most hospitals during this transition period in the matter of an adequate nursing staff. The number of students entering annually was as large as the school could accommodate; applications came in such numbers that the school office could eliminate all but A-1 students. In September, 1946, ninety-nine students entered training, the largest group in the history of the hospital. The passing of the cadet nurse was never regarded as a loss to the school.

As to graduate service, the paradox was that while everybody was talking about a shortage in the graduate nursing staff, the hospital actually had on its payroll 341 graduate nurses distributed as staff nurses, head nurses, supervisors and instructors. This too was the largest graduate staff in the history of the hospital, and this number did not include private duty nurses. The explanation of this paradox was that there were too few Sister supervisors for one reason, and secondly that the National League of Nursing Education was demanding that in every department where student nurses were doing nursing practice, a clinical supervisor should oversee and direct all their nursing service.

Another feature of post-war adjustment derived its origin from the accelerated courses. Medical schools and schools of nursing had prescribed to get doctors and nurses into service as quickly as possible. Even before the War was over standardizing agencies in both professions were stiffening their minimal requirements in order to prevent too great a slump in the educational preparedness of the doctor and the nurse. The quality and character of theoretical and clinical instruction in hospitals were rigorously examined by representatives from the accrediting agencies. Sister Innocent and her executive committee composed of chiefs of several of the departments also took stock.

Working with Sister M. Inez Parker, Directress of Nurses, Sister Innocent affiliated the School of Nursing with Mount Mercy College, which in January, 1948, was empowered by the state to give the degree of Bachelor of Science in Nursing. Through this affiliation classes for a five year program in nursing started at the College with Sister M. Loyola Daugherty as Head of clinical instruction, later director of the department. Theory was to be taught at the College and professional and clinical instruction at the hospital. At the same time courses were opened to graduates of the three year course to complete the work required for a degree. The three year course at the School of Nursing met the requirements of the American League of Nursing with little change.

On the Medical side, we have already noted that as early as 1937-38 the Interne Council of America had laid down minimal requirements for teaching hospitals. During the War, because of the accelerated program the Interne Council could do little; hospitals were receiving neither their quota of internes nor of residents. The Procurement and Distribution Committee of the National Health De-

partment attempting to give all hospitals help gave none enough. But once the War was over and the young men were coming back to make up full staffs again, the Council determined to restore and even to stiffen pre-War requirements. They did this and then a decade later there was a shortage of doctors in most areas. Again Sister Innocent alerted her executive Committee. The demands of hospitals for interne service was double the number of internes available; it was clearly evident that the medical staff would have to offer some inducement to internes if the hospital was to get the required number. Sister Innocent proposed that each staff member take a personal interest in third and fourth year students. The responsibility, she informed them, rested squarely upon their shoulders.

While this question was maturing, examiners from the college of Surgeons visited hospitals in the area to select those qualified - equipped for the graduate training of residents. The Sisters had done their part in installing equipment of the best and most-up-to-date on the market. Also, the teaching material in the hospital was so varied and so ample that no criticism could be made here. Sister Innocent and Doctor Donaldson, President of staff, had been urging the staff members to prepare for this examination, but some argued that if they did all the teaching required, they would have no time for their patients, yet no doctor wanted Mercy Hospital to lose its rank as a teaching hospital. There was dallying; the examiner came and went; on October 11, 1945, Sister Innocent called a special meeting of the staff; she read the report of the examiner to the College of Surgeons and here now was the College's decision: other hospitals in Pittsburgh had qualified; Mercy Hospital had not. This was all that was required. Every member of the staff

went to work. When the examiner came the next time, Mercy Hospital qualified.

Through an arrangement with the University of Pittsburgh, the hospital qualified for a three years' residency in surgery. (1946) Before the War, the hospital had been approved for residencies in medicine, pathology, bacteriology, radiology, otolaryngology, anesthesiology, with gynecology and obstetrics in prospective.

Among the many requirements of the residency board was one which drew cross-fire from the general practitioners who formed the majority of membership in the American Medical Association. The Board laid down that: "The director or chief of the branch in which the residency is procured must be a competent specialist who is at least eligible for certification by the Specialty Board. Did this mean that eventually every member of a hospital staff would be required to be certified by some Specialty Board? The house of delegates of the College of Surgeons immediately arose to pacify and dispel the fears of its constituents. No, they were told it did not mean that. The Reverend Alphonse M. Schwitalla, S.J., President of the Catholic Hospital Association for many years, declared that verdict "closed the trend toward intensified super-specialization in medicine, in medical education, and probably in medical research; it initiated a new trend toward comprehensive viewpoints, toward broader co-ordination and toward a more profound concern for the maintenance of respect for human values in the practice of medicine.

The educational function of the hospital was thus passing through a transition period to something that would meet the demands of this changing social structure of ours. At the same time the administrator had to watch the spiral of prices soar higher and higher

with no end in sight. The question of whether private hospitals could continue to meet modern demands without Federal, State, or Private endowment loomed darker and darker. And while all eyes were fixed on the hospital and the doctor of tomorrow, death kept garnering today.

Sister Innocent had been administrator scarcely two days when word was received from Lake Placid, New York, that Grover G. Weil had died there rather suddenly from a heart attack. Doctor Weil had been attached to the hospital for thirty-five years. He came to the hospital first as an interne, remained for his residency under Doctors Klotz and MacLachlan; he went overseas in the first World War; coming back at the close of the War, he was elected to the Junior Staff in 1919. As surgeon he brought the sick and injured of the Pittsburgh Coal Company to the hospital. The whole second west of nearly ninety beds became the Pittsburgh Coal department. In the care of these patients he was assisted by Doctors Harold Kuehner and John P. Henry.

Among the Sisters who had charge of this department might be mentioned Sister M. Gaudentia Neibert, Sister M. Felicia Klinki, and Sister M. Daniel. Numerous anecdotes are told about these Sisters who did such fine work here. Sister Gaudentia was a humble, patient soul and the very essence of kindness. She was a hidden soul, one whose services went on day by day without notice. The patients were not blind though. One day one of her patients was critically ill; he was asked if he had ever been baptised. He said "No". After explaining what baptism meant to the soul, he was asked if he would not like to be a Christian. "I want to be what she is" was his response. Another Sister who spent years in the department was Sister M. Urban Kerr. She had a predilection for the colored patients: "her lambs" she called them. One day she invited

a Sister to visit her lambs. When they entered the ward, there were smiles all around. She began, "Washington, did you say your morning prayers?" "Yes' am" was the prompt reply. One by one she asked her lambs the same question. They had all been good boys until she came to the last. "Jim, did you say your morning prayers?" Just as promptly and with a bit of superior air he said: "No ma'am. I said my prayers last Sunday; I ain't saying no more prayers until next Sunday."

The death of Doctor Weil gave serious thought to the two-day old administrator. Should the Pittsburgh Coal Company choose to select a surgeon on the staff of another hospital, it would mean the withdrawal of a considerable income from the hospital. It was, therefore, a relief when Doctor Harold Kuehner received the appointment. However, the time was close at hand when the Pittsburgh Coal Company would decide to patronize hospitals closer to the field of operation, so that relatives of the patients could more easily visit them.

Besides the Sisters doing such splendid work in the second west, there were other Sisters working in the hospital doing equally splendid work in their departments. There was Sister M. Anne Regina Scherrer whose kindness to the patients on second east taught them the meaning of the word "Mercy". Sister M. Ignatius Hickey was another whose kindness and consideration of her patients demonstrated the same great virtue. Working away at a most important hospital service was Sister M. Pauline Bour, a hidden soul but her maids will never forget the "coffee break" each morning. In the dietary department was Sister M. Gonzaga Hart whose herculean task produced miracles every day.

When Sister Innocent appeared before her first annual staff meeting on January 9, 1945, the president of the staff was absent. Doctor J.P. Griffith was ill; he died February 19 about five weeks later. This was a severe blow to his friends and a great loss to the hospital.

Doctor Griffith as a man was all that was noble, benign, and true; as a surgeon, he was a master of his art and science. For thirty-nine years Doctor Griffith had been associated with the hospital and had made the interests of the hospital his own. After his internship in the hospital in 1906-07, he became assistant to Doctor Robert W. Stewart in surgery. Under this internationally famed master surgeon, Doctor Griffith developed those natural talents with which God had endowed him. He had all the flexibility of wrist, all the deftness of fingers and hand, all the qualities of heart and mind to become a worthy successor of his teacher. Consequently, when Doctor Stewart died in 1915, Doctor Griffith was immediately elected to his place on the senior staff, a promotion most difficult to obtain at that date.

As a man, as a surgeon, Doctor Griffith stood high in the esteem of his colleagues. When Doctor John Jenkins Buchanan died all eyes turned to Doctor Griffith as his successor for the presidency of the medical staff. Unanimously he was elected to this position and with as little delay, the Medical School honored him with the chair of clinical surgery on its faculty. For eight years he filled this position conscientiously. He was almost scrupulously conscientious and exceedingly humble throughout. Yet he was very conscious of his responsibility and of his position.

It is related of him that during the Christmas shopping season of 1942 he chanced to be going along one of the streets in the congested shopping district when a man in the crowd fell, suffering evidently from a heart attack. Quickly Doctor Griffith rendered first aid; but all the while he had the unsolicited advice of numerous on-lookers who offered not a little bit of criticism for his not conforming exactly to the rules they had learned of first aid. Finally an officer began questioning: "May I have your name, sir?" Distinctly came the answer: "I am Doctor J.P. Griffith, President of Staff at Mercy Hospital and head of the School of Surgery at the University of Pittsburgh." His advisors dispersed without a word.

The death of Doctor Griffith brought the hospital face to face with two vital questions: one had been building up for some time with the development of the Medical Center; the other had to do with the chair of clinical surgery at the medical school which had been held by a member of the hospital medical staff since 1901. The hospital medical staff shared the Sisters' concern.

Doctor H.H. Donaldson, surgeon, was elected president of the staff to succeed Doctor J.P. Griffith on April 5, 1945; even before that date, on March 26, 1945, Doctor W.S. McElroy, Dean of the Medical School, visited the hospital; with Sister M. Innocent and members of the executive committee, namely: Doctors Donaldson, McCague, and MacLachlan, he discussed future plans of the school, but at the same time assured the hospital that development at the Medical Center would not effect the Mercy and its relations to the school. He affirmed that the Mercy held an essential place in the work of the school. He then asked Doctor Donaldson to accept

the chair of surgery left vacant by the death of Doctor Griffith. Doctor Donaldson was no longer young; he was an excellent surgeon, but physically unable to cope with the work to be done by the head of Clinical surgery in the medical school. He declined and Doctor E.P. Buchanan received the appointment.

Doctor McElroy was sincere in speaking his own views about the future relations of the hospital and medical school. He could not speak for the University, which was working hard, using the hospitals in its environs, to build up a medical center comparable to none in the United States. Consequently at Mercy Hospital there were many skeptics among both doctors and Sisters.

Doctor E.P. Buchanan's position in the Medical school differed from that of his predecessors who, since 1901, had held the chair of surgery in the school. Doctor Buchanan did not hold this chair. He was chairman simply of the surgical staff in Mercy Hospital. The chairman of the surgical staffs of all the teaching hospitals were organized into a central committee; the elected chairman of that committee held the chair of clinical surgery in the school. In this way it passed from Mercy.

Another matter hotly discussed by doctors and statesmen during Sister Innocent's administration was that of socialized medicine. Prepaid health insurance has solved only half of the problems. There was still a large group of persons in the lower wage bracket who could not afford to carry Blue Cross insurance or pay for hospital and medical care. As a consequence when World War II broke out, the recruitment offices often found it necessary to reject many young men of the working class because of

health defects. Immediately there arose the demand that hospitals, then the government assume the responsibility of providing free health care for all classes.

The Democratic Party then in power sponsored the movement and introduced a bill in Congress providing hospital and medical care for all. The American Medical Association fought this bill, claiming that socialized medicine would be good neither for the citizens of our country nor for the profession. A doctor appointed to a precinct was assured of his salary no matter how much, what kind, or how continuous his service might be. It destroyed initiative and the striving for greater knowledge of research, study, and attending meetings. While socialized medicine in this country was in this state of ferment, England introduced it. At once hospitals were filled with hypochondriacs and the like so that the real sick and those requiring surgical attention could not get a hospital bed because these maligners were difficult to discharge. When Americans learned the story of socialized medicine in England, there was a change of attitude; for the time being socialized medicine was shelved but it is far from adjustment.

THE HOSPITAL CENTENARY

January 1, 1947, Mercy Hospital completed its first hundred years of service. While New Year's Day might have been a good day in 1847 to open a hospital when sickness abounds it was not an opportune day on which to commemorate the anniversary. The Sisters' Retreat for Renewal occurs at the close of the year preventing immediate attention to the last arrangements and details; the weather, too,

is apt to be cold and even stormy at this time of year; for these and for other reasons the commemoration was postponed until May 10, the anniversary of the day on which the first patient was admitted to the Stevenson Street hospital.

In October 1946, the medical staff met, organized itself into committees and began work in earnest. In November, Sister Innocent called a meeting of the Hospital Sisters with Mother M. Francella in the chair; the Sisters too were organized into committees with definite assignments to do. At Christmas time some of the department stores in town presented a window exhibiting surgical instruments of the 1847 period and portrayed the opening of the hospital. The Publicity Committee composed of doctors and Sisters did splendid work in giving the hospital very complete, dignified, and correct publicity in the daily and local press. The local newspapers were most generous and cooperative in this.

A four day program was prepared beginning with a Pontifical Mass at the Cathedral May 10. High Masses ran like a golden chain through the four days - for our deceased Sisters, for the present personnel, and for God's help in shaping the future of the hospital activity. Bishop Boyle pontificated in the Cathedral; Father Alphonse Schwitalla, S.J., President of the Catholic Hospital Association, preached the sermon.

Doctors, clerical help, nurses, and Sisters from all of our convents attended the Mass. Father Rossini conducted the choir composed of the Sisters' combined choir and Glee clubs from all our high schools and college, including the School of Nursing. When the doctors came back to the

hospital, one went to the Sister at the Admission Desk and asked: "Sister, don't you have that kind of service very often?" Sister explained that we did not. "I thought so," he confessed, "for when I found myself seated in a front seat, I wondered what I would have to do; I spied Doctors _____ and _____ both Catholics, just across from me, so I decided I would watch them and do whatever they did; but I soon discovered that they were not too sure either, so I took my cue from the priests on the other side of the aisle."

Among the guests were Sisters from the houses founded from the Pittsburgh Community including Chicago, Baltimore, Wilkesbarre and Scranton, Erie, and Cresson. The Mother General of the Union, Mother M. Bernadine and several Provincials attended; Sister M. Paul Xavier, Mother M. Francis Warde's niece came from Manchester, N.H., and two Sisters came from Newfoundland; these latter had graduated from Mercy Hospital School of Nursing. Sunday, May 11, was Memorial Day; on that day the Doctors unveiled, with becoming ceremonies, a plaque upon which was inscribed the names of all our deceased Doctors. May 12, was Nurses' Day and the Women's Auxiliary commemoration. May 13, the fourth day, was assigned to the Doctors. This day brought distinguished guests from all parts of the country and Canada, to participate in the scientific program. There was Doctor Charles Mayo from the Mayo Clinic, Rochester, Minnesota; Doctor M.A. Blankenhorn from the University of Cincinnati; Doctor Samuel Hamilton

from the U.S. Health Service, Washington, D.C.; Doctor Frank Lahey from the Lahey Clinic, Boston; and Doctor William Boyd from the University of Toronto, Canada. The Centenary ended with a civic banquet at which the Governor, Honorable H. Duff, and the Mayor, David L. Lawrence, and other prominent citizens participated.

During 1948 and 1949 Sister M. Innocent remodelled the corridor on the first floor leading from the front door to the elevator; a very attractive waiting room for the Doctors' patients was furnished on the left side of this corridor while on the right a general waiting room with two telephone booths was arranged. These two rooms greatly improved the appearance of the first floor and provided a much needed space where children could be left when their parents, coming to visit a sick relative or friend, were not permitted to take the little ones to the floors.

The next two administrations will continue this work of remodelling in order to modernize parts of the building which had been erected before 1900.

CHAPTER XV

DIAGNOSTIC FACILITIES IN THE HOSPITAL

The first "pathological room" was fitted up in 1894, the first laboratory report published in 1896, forty-nine years after the opening of the hospital. Was there, then, no laboratory work done in the hospital previous to 1894?

Sister M. Bernadine Kittell, superintendent of the hospital from 1877-1882, tells us in her notes on the hospital that as far back as her memory served her, (she entered the Community in 1863) there stood on the mantel-piece in the medical students quarters a collection of bottles, test-tubes, pipettes, phials of litmus, and a microscope. And these were used occasionally at least, for the examination of urine for sugar, for simple microscopic tests, and for blood counts. Doctor John E. McGirr, father of Sisters M. Dolores and Camillus McGirr, whose short affiliation with the hospital extended from the close of the Civil War until the close of 1871, used a microscope routinely in diagnosing his cases. Doctor McGirr, however, before entering military service, was a member of the faculty in a medical school in Chicago, where he taught pathology. The PITTSBURGH MEDICAL REVIEW in an early issue states: "Pathology was in great fashion between 1845 and 1870." THE MEDICAL AND SURGICAL REPORTER on April 27, 1861, declares the microscope "is of great value in the examination of the excreta of the body and that in pathology its value cannot be questioned." It seems not unlikely then, that the progressive Dicksons of the seventies and even Doctor Pollock of the first staff brought to the diagnosis of their cases whatever laboratory science was available in their day.

The minutes of the medical staff show that in 1872 it invited a Doctor A.W. McCoy from Philadelphia to come to the hospital as curator. Cabinets were provided him in which to store his specimens collected from autopsies performed here and elsewhere. In 1882 this room opened into the operating room. This was in the time of the progressive Dicksons.

After the organization of the continuous staff service in 1892, Doctor R.H. Grube was elected pathologist, but this was in March, 1893, before the "pathological room" opened. Doctor J.J. Buchanan always maintained that despite his title, he was merely another necroscopist and that Doctor R.W. Stewart was the last of them.

The nineties witnessed a rapid development of modern type laboratories in the medical centers of the East, - Boston, New York, and Philadelphia. The vigorous West caught the spirit. Sister M. Magdalen, the hospital administrator, acting with her three young surgeons, decided Mercy Hospital must have one. All that was needed was a pathologist.

There chanced to be coming to the hospital in the early nineties a marine surgeon by the name of Eugene Wasdin. To him the Sisters give credit for establishing the first laboratory. Sister M. Bernadine writes:

"Doctor Wasdin pleaded strongly with the superintendent of the hospital and with the medical staff for a laboratory equipped at least for the ordinary pathological work. The equipment at first was very crude and limited. Doctor Wasdin himself supplied much of the outfit and took active interest in getting the department in good working order."

But like many another young man, Doctor Wasdin wanted to be a surgeon. The three surgeons said they did not need another surgeon. What the hospital needed was a bacteriologist and pathologist. Doctor Wasdin's mind had been made up; he was not going to change it, so he left the hospital and Pittsburgh and went to Baltimore. According to the late Doctor J.J. Buchanan, Doctor Wasdin continued his interest in pathology and bacteriology, for the next we hear of him, he is working with Walter Reed, James Carroll, and Jesse Lazear down in Cuba on the yellow fever problem. Later, he had the distinction of administering the anesthetic to President McKinley after he had been shot.

Doctor J. de V. Singley took Doctor Wasdin's place on July 9, 1896, and held the position of "Director of the Laboratory" until 1909, when he too left to go into surgery. Doctor J.J. Buchanan gave Doctor Singley credit for cutting the first microscopic section done in the hospital. By 1899, the laboratory work had become so heavy that Doctor John W. Dixon was elected assistant pathologist.

The first pathological room was in the attic over what was then called the L.P.R., i.e., the Ladies' Private Rooms, known today as third east. In 1896 the east wing of the hospital was but three stories high with an attic. This attic had one merit; it was roomy, but something more than space is required for a modern laboratory.

Inexperienced in laboratory service, the housekeeper thought doctors and internes were sufficient personnel for the new department. She soon learned that a Sister was needed in this department as well as in the others, and this is how she learned it.

Sister M. Clemenza, supervisor on the L.P.R. began to notice that foul odors were emanating from the stairway leading up to the attic, whenever the door was left open. Investigating, she came upon a sight that shocked her orderly, fastidious, housekeeping ideas. After giving the place a good airing, she cleaned up the laboratory, and as long as the laboratory remained in the attic, she made herself responsible for this side of laboratory service.

But the laboratory's occupancy of the attic was brief for another reason. By 1896 the first X-Ray machine had been installed up there too, so the attic became the doctors' workshop at all hours, both night and day. Patients in the private rooms below had many complaints, yet the traffic was deemed necessary. The complaints were about "the tramping back and forth over their heads all night." Some heed had to be given to these complaints. While the Sisters and Doctors were debating the matter, Christopher Magee came forward offering to build the hospital a laboratory. Until this was available, the laboratory was housed on the first floor, Stevenson Street side, where the blood bank was quartered in 1952.

The Report of 1899 refers to the laboratory:

April 1, 1900, is looked forward to as the beginning of a great era in the history of "Mercy". The physicians connected with the institution claim that this new annex will prove of more benefit to the patients and to the profession than any other department which could be added to the hospital.

This Munificent gift of Senator Christopher Magee is keenly appreciated by the management and those interested.

in the welfare of the hospital. All realize the benefits that will come to the sick and injured.....for having at their command this latest and most scientific means of treatment". 1

- I. The Honorable Christopher Magee was born on Good Friday, April 14, 1848, in this city. His early education was obtained in the local schools after which he entered the Western University. Here his studies were interrupted when he was but fifteen by his father's death. He was now thrown upon his own resources and required not only to support himself, but to aid his mother in the support of three younger children. Young Christopher became a clerk in the office of the city comptroller, where he gained his first insight into city politics. Then followed a long political career.

In physique, Christopher Magee was tall, strong, and gracefully built. His face expressed power and genial kindness. He was ambitious for power, knew his personal magnetism, and used it for the good of the common people. He was in every sense a great man. His natural kindness and benevolence prompted him to many fine noble deeds, among which was his gift of \$15,000 for the erection of the Magee Pathological Institute at Mercy Hospital, which stands today as one of the monuments to the benignity of one of Pittsburgh's greatest citizens.

As a public citizen he had in a remarkable degree the capacity of anticipating, preserving and enforcing the wishes of the people. As a builder of city street railways and as manager, he effected the union of many lines in the city into the Consolidated Traction Company for the public comfort of the citizenry.

The Magee Laboratory is a ten-room structure there are two basement rooms including the morgue; three on the first floor, three on the second and on the third two again. When the laboratory opened in 1900, what is now the record room on the first floor was used as a mortuary chapel. There were no funeral homes at that date.

One day, shortly after the opening of the Magee Laboratory, Doctor J.J. Buchanan visited the Berlitz School of Languages here in the city; he wanted the services of a translator for some French or German article published in a foreign magazine or journal. Doctor Aimee Leteve was assigned to this task.

Doctor Leteve was co-founder with Doctor Paul Gilbier of the first Pasteur Institute in America for the treatment of rabies. He was born in Estaires, France; studied medicine at the Faculte de Lille, in Lille, and made his internship in the Lille hospital in 1884, the year Pasteur discovered his cure for hydrophobia.

Doctor Leteve became a favorite pupil of Pasteur, and in 1889 came to New York with Doctor Gilbier to open the first Pasteur Institute in this country. Because of some disagreement in renewing their contract, Doctor Leteve after ten years, severed his connection with the New York Institute and came to Pittsburgh. He was a stranger in a strange city; his abilities unknown, and like many another physician had little of this world's goods. To make a living he took a teaching position in the Berlitz School of Languages and did translating for the banks on the side. And here it was that Doctor Buchanan found him.

After some investigation, Doctor Buchanan proposed to the Management and to the staff that Doctor Leteve be invited to open a Pasteur Institute at the hospital and to fill the position of bacteriologist as well. At the January meeting of the staff in 1901, Doctor Buchanan reported the appointment of Doctor Leteve as resident "bacteriologist and director of the Pasteur Institute." The Pasteur department had opened on December 10, 1900. Doctor Leteve held this position for nineteen years; as time went on the Multiford Company began putting out the antitoxic serum for hydrophobia; this was considered more sanitary and safe, consequently, the department was closed. Doctor Leteve then opened an office at 1104 Wylie Avenue and worked there until his death.

In 1901 the medical school of the University of Pittsburgh affiliated with the hospital. Following this correlation, Doctor W.H. Ingram, instructor of pathology in the school at the time, was taken on the laboratory staff as pathologist. Doctor Ingram's position on the medical school faculty ended in 1904; he was then dropped in the laboratory.

In 1904 Doctor K.O. Werder, while on a visit to Germany met Doctor Frederick Proescher and persuaded him to come to Pittsburgh and take the position left vacant by the departure of Doctor Ingram. Doctor Proescher was said to be a "pathologist of marked ability and of much promise." Doctor Proescher had not been here long before he began to complain of a great many deficiencies: lack of supplies, lack of literature, lack of autopsies; the demands were reasonable, hence graciously supplied. Nevertheless, Doctor Proescher, despite his keen intellect and advanced pathological acumen, seemed unable to adjust himself to his environment. After three years

he was released from his five-year contract and took a position in the Allegheny-General Hospital. Doctor J.F. Robinson from the Bender Laboratories, Albany, New York was his successor. Under Doctor Robinson, the first filing of cases began; Sister M. Callistus Wirtner, successor to Sister M. Alphonsa Reid as laboratory supervisor did the filing.

At the close of 1908, Doctor Singley resigned the directorship of the laboratory and Doctor T.S. Arbuthnot was elected to the Directorship. But no sooner had Doctor Arbuthnot been made Director of the laboratory than he was elected Dean of the Medical School. In assembling a personnel for his teaching staff in the school, Doctor Arbuthnot invited Doctor Oskar Klotz of the University of Toronto School of Medicine to accept the chair of pathology and bacteriology in the medical school. Doctor Klotz gave the following account of this invitation to the hospital historian, when he came to the hospital in 1932 as guest speaker on the Mercy Day program.

Doctor Arbuthnot wrote to Doctor Downey, Director of laboratories at the University of Toronto for an instructor in pathology. Doctor Downey was at his summer home on Lake Superior at the time. Doctor Klotz was looking after his duties in his absence. In opening the mail, Doctor Klotz came across Doctor Arbuthnot's letter. He forwarded it to Doctor Downey with the written remark, "Think I'll do?" No action was taken until Doctor Downey returned to the University in the latter part of August.

Doctor Downey and Doctor Klotz talked the matter over; Doctor Downey was reluctant to release his brilliant assistant, but Doctor Klotz won. In October, Doctor Klotz came to Pittsburgh to look the prospects over. Returning to Toronto, he sought his

release from the University there, from the Board of Directors; they agreed to free him at the beginning of the year. Immediately, he accepted Doctor Arbuthnot's offer. Doctor W.W.G. Maclachlan and Doctor H.H. Permar are of the opinion that by another arrangement, he came at the end of October 1909. Doctor Klotz, however, stated he came Jan. 10, 1910.

When Doctor Klotz arrived then, either in October or January, he came as pathologist on the Medical Faculty of the University of Pittsburgh. The school laboratory at the time was on Brereton Avenue in a building overlooking the stockyards of the Pennsylvania Railroad. The laboratory had no hospital affiliation and this was its first need.

While the Medical School remained affiliated with the Western Pennsylvania Hospital, the School had use of the West Penn laboratories. A Doctor Willets was pathologist at West Penn; he was also a member of the Faculty of the University, but the Hospital would have nothing whatever to do with the School once it severed its ties with the hospital and affiliated with the University.

Notwithstanding all this, Doctor Klotz anxious to secure affiliation of his school laboratory with a hospital visited the Western Pennsylvania Hospital. Doctor Willets objected to every innovation Doctor Klotz proposed. According to Doctor Klotz's conception of a modern laboratory, West Penn had really nothing in equipment at that time. Saint Francis, the next visited, had even less. Allegheny General was too far away. Sister M. Innocent, Administrator at Mercy Hospital, wanted Doctor Klotz,

so Doctor Arbuthnot proposed a visit to Sister and a survey of the laboratory. On this visit, he found a progressive spirit, a welcome, and a building. There was some equipment, but no organization.

Doctor Klotz, liking the spirit and earnestness of "Mercy", proposed to Sister Innocent that he would organize and standardize the laboratory on a plane with the best laboratories in the country and this without salary. But, if he assumed the Directorship of the Magee Laboratory, some expense and a number of changes would result. He would spread out, using more of the rooms in the building. In order to become acquainted with the Staff and secure their cooperation, he offered his services as consultant to the doctors free, and was misunderstood as one who had an axe to grind. (It was probably this which raised the barrier which existed between him and Doctor J.J. Buchanan.)

Since the laboratory was to be used by the medical students of the University, Doctor Klotz claimed that he bought the autopsy table, the outfit, and circular benches with school money. In other words he fitted up the autopsy room.

The hospital museum was discontinued; all specimens became the property of the school, though it was the privilege of the medical staff to have them when desired. Lastly, he asked for a fulltime pathologist at Mercy, his salary to be \$1200 a year. Sister Innocent acquiesced and Doctor Maclachlan, a graduate of McGill University and a worker in the laboratories there, was appointed pathologist at Magee Laboratory in March, 1910. He was given full charge of the laboratory under Doctor Klotz's Directorship.

Doctor Klotz working with Doctor Maclachlan began at once to standardize the laboratory. Young men, internes, seeing the splendid advanced work done in the laboratory sought residencies there deeming it a valuable experience. In 1911 Doctor Henrici became laboratory resident; in 1912 Doctor McMeans came to sit at the feet of the two men who were revolutionizing the laboratory science in Pittsburgh. In 1913, Doctor Bruecken and Doctor Permar were the residents. Others, like Doctor Fredette and Doctor Weil spent a year in the laboratory but changed to surgery.

Suddenly, other hospitals in the city awoke to the realization that their laboratories following the old regime would meet no standardization test of the Board of Licensure. Appeals were made to the head of the pathological Department at the University, Doctor Klotz.

Doctor Maclachlan was not the only pathologist that Doctor Klotz brought from Canada at the beginning of the second decade of the century; at the school were working Doctor S.A. Haythorne and Doctor W.L. Holman, formerly of Canada. When the Allegheny General Hospital appealed for a pathologist Doctor Haythorne went there to their new Singer Memorial Laboratory. Doctor Bruecken went to Saint Francis Hospital. Saint Margaret's Hospital found it impossible to pay a full-time pathologist; consequently, Doctor Klotz devised a messenger service. For \$300, a messenger from the University collected specimens, took them to the School laboratory, made the necessary examinations there, and by messenger sent back the findings. Under this scheme, the University Laboratory cared for Saint Margaret's, Saint Joseph's, Pittsburgh

Hospital, South Side Hospital and Columbia. Such services, however, were disapproved by the Board of Licensure and were dropped, although three hospitals continued to be served until they were able to take care of themselves.

In 1910, when the inspector of the Board of Licensure visited the laboratory of Mercy Hospital, he criticized the laboratory demanding that all surgeons be given training in pathology. Doctor Klotz objected to this plan and a heated discussion took place; it was both heated and noisy. But evidently, the inspector thought matters over, and when he returned in 1911, he declared "the laboratory did the best work in Pennsylvania, not even excepting Philadelphia."

On the basis of all this, history has accorded to Doctor Klotz, working with Doctor MacLachlan at Mercy Hospital and with Doctor S.A. Haythorne at the University, the honor of standardizing on the highest levels the laboratories of Pittsburgh.

But a man of Doctor Klotz's calibre was destined for wider fields. In 1921 the Rockefeller Foundation sent him an invitation to go to Sao Paulo, Brazil, to organize a department of pathology there. Doctor Klotz, to repeat his own sentiments, was weary of the politics at the University of Pittsburgh; he was a scientist and not a politician, so he resigned his chair in Pittsburgh, asked for leave of absence from the hospital, and went to South America. Doctor MacLachlan now became Director of Laboratories with Doctor de Wayne Richey as pathologist. However, Doctor MacLachlan preferred medicine so transferred to the medical staff; from this time he acted rather as an advisor to Doctor Richey. In 1925 Doctor Richey likewise transferred to oto-laryngology under Doctor B.M. Dickinson. Doctor H.H. Permar,

a pupil of Doctor Klotz, was then advanced to the position of pathologist and Director of Laboratories, a position he is still holding in 1952.

When Doctor Klotz re-organized the laboratory in 1910, Sister M. Callistus Wirtner, who had worked with Doctor Singley and his associates, and who had begun the filing of cases under Doctor Robinson, was released from the laboratory to devote all her time to the medical records and to the publication of the bi-ennial reports. In her place, Sister M. Carmel O'Brien was appointed. Sister Carmel was both a graduate nurse and a graduate pharmacist; intelligent, practical, skillful, she met Doctor Klotz's requirements completely; but under Doctor Klotz, the laboratory work increased considerably and continued to grow year by year. Finally, Sister M. Bernita McDermott, another capable and ingenious Sister was made her assistant. They worked together until Sister Carmel was sent to Saint Xavier's to fill the position of pharmacist and bookkeeper in 1924. Sister Bernita became night supervisor and Sister M. Berchmans Shields was appointed supervisor of the laboratory. She too, was a registered pharmacist. She remained in the laboratory until 1934 when she was made full-time instructor of Nursing Arts in the School of Nursing. Sister M. Cornelius Meerwald succeeded Sister Berchmans, but remained only one year. During these twelve months, however, the laboratory was renovated, an extra room added, new presses and equipment installed, and further organization effected. In January, 1935, Sister M. Mechtilde Gase became Sister Cornelius' assistant but worked chiefly in bio-chemistry.

When Sister Cornelius withdrew in August 1935 Sister Bernita returned. This time Sister

Bernita's stay was short; Sister M. Salome Aul followed her, remaining but six months. Since 1947 Sister Mechtilde has held the post of supervision alone.

The type and amount of work done in the 1894 laboratory was chiefly clinical microscopy with some bacteriology. The reports indicate very little advancement until 1902 when to pathology, bacteriology, clinical microscopy, and the Pasteur treatment there is added seriology. This report states that "antistreptococcus sera and antipneumococcus sera are supplied for clinical use in the hospital from two sheep immunized for the purpose." The 1903-04 Report speaks of the use of photography in the laboratory; in the 1906-07 Report, Doctor Singeley tells of the use of tuberculin for ophthalmic tests and of the treatment of tuberculosis. At that time many tubercular patients were in the hospital.

The re-organization of the laboratory under Doctor Klotz took place before the 1910-12 Report was issued. Doctor Klotz did not look with too much favor on the serological phase of the laboratory work; in 1912-14 he says; "in suitable and selected cases the use of vaccines have been most helpful in the treatment of disease; but the most conservative attitude is maintained by the laboratory in the use of vaccines." Both serology and immunology did not come of age completely until after World War I; although it was used to great advantage during the war.

THE CLINICAL LABORATORY

Until 1917 all laboratory work: clinical, pathological, bacteriological and serological was done in the Magee Laboratory. Doctor S.K. Fenollosa was in charge of clinical microscopy from 1910 until 1917; during the same period Doctor Grover C. Weil was in charge of vaccine therapy. In 1917 our country entered the first World War. The doctors were not exempt from the draft; consequently, to avoid the draft many volunteered early leaving vacancies in the teaching faculty of the University of Pittsburgh medical school. As the members of the hospital medical staff had held the position of clinical professors since 1901, it was only logical that the University should turn to them in the emergency.

Doctor MacLachlan was called upon to teach clinical microscopy to the medical students. To contribute her part to the war effort, Sister Innocent opened a clinical laboratory on the fourth west in the Women's medical department. The work of the house in clinical microscopy continued to be done in the large basement room of Magee Laboratory where it had been housed since 1900. Under the touch of Doctor MacLachlan this almost moribund branch of the diagnostic sciences took on life here and as the years passed budded many new aspects of the science. As the fourth west laboratory was given over exclusively to the medical students, all supplies came from the medical school. In 1919 when the doctors came back from World War I, the teaching of medical students in this branch was returned to Saint Francis Hospital where it had previously been.

When this took place the clinical laboratory in the basement of Magee Laboratory was moved to the vacated fourth west quarters and all clinical work concentrated there. It was

argued that this was an advantageous position because it was close to the wards. In 1920 Doctor MacLachlan returned to his medical service and a Doctor Kline was made head of the department. She was replaced in a few months by a Mrs. Rose Mell.

In 1921 Sister M. Francis Xavier Reilly took Mrs. Mell's place. Again the laboratory came to life. Sister brought to her work a scientifically trained mind with scientific accuracy. Her work soon won the confidence of the members of the medical staff and the demands on the laboratory increased. Never satisfied, Sister studied, increasing her knowledge, her skills, and her service. More and more the laboratory was depended upon for confirmation of diagnosis. Madelyn Rhodes was added to the laboratory staff to lighten the daily load.

Doctor George Kastlin came back to the hospital after his residency in Toronto; he came with a fuller knowledge of hematology than could be credited to many in the Pittsburgh profession. He was made chief of the clinical laboratory and the future of the laboratory looked very bright.

In September, 1929, Mount Mercy College opened. Sister Francis Xavier who now had her Master's Degree in Science from the University of Pittsburgh, was appointed to take charge of the science department. The laboratory personnel was then re-organized with Doctor Kastlin in charge and the Misses Francis Griffin, R.N., and Catherine Christianson, S.M., as technicians.

In 1934, Sister M. Edwin Kenna entered the laboratory to study clinical microscopy under Doctor Kastlin. Sister had been a teacher but due to a health condition was relieved from teaching and sent to the hospital. A pupil of

Sister Francis Xavier in high school, she had acquired many of her teacher's ideas concerning scientific accuracy. Gifted with a keen mind, quickness of apprehension, and an instinct for investigation, she studied with great earnestness to acquire an intelligent understanding of the work of the laboratory.

It was common experience for the hospital Sisters to find her in bed during periods of enforced rest with a big tome on her knees. In this way she became acquainted with the teachings of some nationally known hematologists, clinical microscopists, and endocrinologists. Doctor Kastlin proved an exacting instructor. Sister, however, was capable of appreciating the advantages accruing from his instructions. In 1947 Sister Edwin became a registered medical technologist. Shortly after that Doctor Kastlin withdrew more and more to internal medicine.

Since World War I the medical profession had become alive to the necessity of having well-trained technologists in their laboratories, for accuracy and knowledge of what is being sought is a great factor in the doctor's interpretation of the case in hand. But the demand for such trained workers was far beyond the supply. To do something about this Sister Edwin in 1950 working with Sister Francis Xavier at Mount Mercy College opened a school for medical technologists. For some time the school had to struggle even to exist, for some members of the laboratory personnel hesitated to take on the extra work of teaching and supervising the students.

The clinical laboratory has changed its quarters many times. In 1935 the laboratory was divided once more: One section for medical students was housed on the fifth floor at the junction of the old building with the

south wing; it was so located to be close to the men's medical department where Doctor Mac-lachlan was doing his research work in pneumonia. The other section of the clinical laboratory found cramped accommodations on the fourth floor just below the students' laboratory. The students did not make as much use of the fifth floor laboratory as was hoped. Consequently, in the renovation period of 1938-39 the two laboratories were re-united and housed in a large room on the third floor of the west wing. It remained here about fourteen years, but it hadn't taken root for in 1955 it went back to the Magee laboratory where it had been originally.

THE BASAL METABOLISM STATION

The basal metabolism is a section of the laboratory which found its place in the hospital in 1919 with the opening of the south wing of the hospital. Henry A. Christian in his "Present Day Medicine" published in "Oxford Medicine" states that the present period of medicine might be called the period of functional dominance. "Begun early in the twentieth century, today's interest is more on what an organ or group of organs can do as an effect of the changed conditions of disease, and how body activity as a whole may be influenced by the general or local effects of abnormal conditions. Physicians today with means of determining the degree of efficiency of an organ have learned that an organ which shows extensive structural change does its required work well because under the stimulus of need other tissues may take up the work of the damaged organ. Tests of function give us a measure of fatigue changes, whether they result from overuse or ordinary use of an organ impaired by disease."

Since functional disturbances can be caused

either by excessive glandular activity or by deficiency in the output of hormones, clinicians have the problem of finding which it is that is the trouble in each case. Basal metabolism is energy metabolism; it, therefore, can help to determine whether there is excessive activity or too little in the thyroid disorders.

It was soon found that the pituitary, parathyroid, suprarenals, pancreatic islet-tissues, and gonades exercise a profound influence on such functions of the body as growth, mental development, and metabolism.

It was one step to learn all about the endocrine glands and their secretions; the next step was to isolate each hormone, to find it in animals, and then to produce them for therapeutic use. But all this is beside the history of the hospital. Doctor J.A. Lichty specialized with diabetic patients in the second decade of the century; with him was associated Doctor Edward W. zurHorst; Doctor Griffith became interested in the surgical treatment of the thyroid and the parathyroid; here we have the first use of the metabolism station.

Doctor H.C. Pollock, bio-chemist, made the metabolism tests in the beginning; he was soon succeeded by Doctor William Marshall, who was assisted by Sister M. Berchmans Shields. She taught both Sister M. Innocent and Sister M. Edwin. Sister Edwin in turn taught Sister M. Elizabeth Ann who was associated with her in the clinical laboratory in 1955.

HEMATOLOGY

Hematology is another phase of laboratory work that attained the status of a science at the beginning of the century. The 1894 laboratory recorded some simple blood counts; Sis-

ter Francis Xavier seems to have been the first to advance the examination of blood to any great extent. Doctor George Kastlin coming back to the hospital after a residency in the Toronto General Hospital in the 1920's stressed the importance of the study of blood cells, their development, and their structure. Placed in charge of the clinical laboratory he began to teach hematology. Sister Edwin very opportunely chanced to be sent to the laboratory at this time to study the clinical work. Her keen, active mind was intrigued with all the work but especially with blood work. Encouraged by Doctor W.W. G. Maclachlan, she studied every book and journal article on blood that she could find. By careful reading, by attending every workshop, every convention far and wide that had placed hematology on its program, she acquired a very complete, up-to-date knowledge of the field. This she taught to her students in medical technology and to her assistant, Sister Elizabeth Ann, who likewise became skilled in correctly interpreting what the blood specimens revealed. A vast amount of knowledge concerning blood changes was accumulated between 1900 and 1950. As a result blood counts have come to be almost routine for every patient entering the hospital.

The discovery of Minot and Murphy in 1926 was epoch making; it proved the curative effects of liver in pernicious anemia. It might be of interest here to mention that State Senator Taner was the last hospital patient with pernicious anemia to leave the hospital to die before the advent of the liver treatment. Minot and Murphy's discovery changed laboratory work; henceforth in the blood field at least, it was imperative that the doctor and the hematologist work closely together, for in its final analysis, it was found that blood presented many intricacies; for instance, all cases of pernicious anemia exhibit a megalocytosis, yet not

all patients who exhibit megalocytosis have pernicious anemia.

In 1929 another advance in the cooperative clinico-pathological work resulted when Arinkin introduced the examination of hemopoietic or blood forming tissues during life by marrow biopsy. Before this all study of blood disorders was confined to the examination of samples of peripheral blood. Today a marrow examination of blood is becoming more and more commonplace.

Other advances in this field have elsewhere been referred to; blood transfusions and the Rh factor. The practice of giving transfusions to certain types of illnesses has become so commonplace that a bright roomy department has been furnished and equipped on the first floor of the west wing as a blood bank; on the opposite side of the corridor is a modernly equipped hematology research laboratory with Doctor John Kenny, Director. All the laboratories or sections are under the Director of Laboratories, Doctor Mark Bracken,

The material on hematology has been drawn from Sir Henry Dale, O.M., F.R.C.P., F.R.S., "Advances in Medical Therapeutics" published in the British Medical Journal of 1951.

1. The hospital has engaged Doctor Kenny to make regular professional visits to the old and infirm Sisters at Saint Xaviers every week or two.

CHAPTER XVI

THE MERCY HOSPITAL SCHOOL OF NURSING

The Mercy Hospital School of Nursing dates from December 3, 1893. In the order of time it was the fourth school of nursing to be opened in Pittsburgh: the Homeopathic in 1885, the Allegheny General in 1886, and the Western Pennsylvania in 1892 had preceded it.

The opening of the school, however, does not signify that the training of nurses was just beginning in the hospital in 1893. This historic date merely marks the date when young women not religious were admitted to nurses' training under the twofold program necessary for the knowledge and practice requisite to meet the demands created in the new aseptic techniques, which at that time were being introduced.

The training of nurses in the hospital can be said to date from January 1, 1847. On that day Sister Magdalen Reinbolt and a few months later, Sisters Catherine Lawler and Anne Rigney entered upon their brief nursing career. The sight of so much suffering aroused the deepest sympathy in the young neophytes, and in their earnestness to relieve pain they spent themselves unselfishly heedless of their own safety. It is quite possible that in the stress and strain of the beginning when contagion was in a sense "taboo" that Sister Isadore, the Superintendent, did not think to caution them against contracting certain diseases. In the spirit of the times perhaps it did not enter her mind to caution them. Be that as it may, when nineteen typhus fever patients were admitted to the hospital in 1848, these first three nurses contracted the disease and died martyrs to duty.

As soon as the infection was cleared away and the new hospital opened on Stevenson Street, other young religious were appointed to learn the art. When cholera broke out in 1849, this second group imbued with the same heroic spirit as the first three offered themselves to the city Council for the nursing care of the city's cholera patients.

From 1847 until 1893 all student nurses in the hospital were young Sisters, coming from the Motherhouse of the Congregation. In the years before department supervisors and head nurses had to be certified and registered, practically every young sister took a summer's internship in the hospital. Those who showed aptitude for bedside nursing were noted, so that when vacancies occurred in the hospital staff, one of these "born nurses" was sent to fill them.

Yet, even for these early students in nursing, there was no royal road to becoming a nurse, and every student went through a period of training in the hard way, with their quota of heartaches, blunders, and joys. The classroom was the ward; the instructors were the Doctors and the Supervisors; the method: bedside instruction, observation, imitation. Time and experience produced efficient, self-reliant bedside nurses. Certain nursing duties are as old as the race; much "mothering" of patients, exact, prompt execution of physicians' orders, equally prompt recognition of changes in the patient, are among them. While the student nurses of the first half century of hospital operation had less with which to work than the nurses of today, they performed their duties so conscientiously that in cases where much depended upon nursing care, no better bedside nursing has ever been done.

The Sisters of Mercy began their training as nurses in 1828. Mother Catherine McAuley, Foundress of the Congregation in 1831, took up the work of going to one of the hospitals in Dublin to learn the nursing of that day. With a few companions, whom she had gathered about her for work among the poor and sick, Mother McAuley, recognized as William Callahan's heiress, obtained permission from the hospital Board to visit the hospital to assist in ministering to the patients. Her influence upon the Catholic patients was so beneficial that she succeeded in overcoming existing prejudice, thus breaking down the barriers which prevented religious from visiting the public hospitals.

It was providential that Mother McAuley had begun her hospital work in 1828, for when cholera broke out in 1832, she and her Sisters were prepared with the nursing techniques of the day to care for the cholera patients. On April 25, 1832, Mother McAuley was called to serve with her Sisters in an emergency hospital on Townsend Street. The Sisters worked in groups or shifts and continued their services until the end of the year. It is said that Mother McAuley remained all day in the wards. "Doctor Hart, the chief physician, gave her the fullest control and used to attribute the few deaths (about 30%) to her wise administration. Though himself a Protestant, he was delighted with her devotion to the sick and often declared the presence of Mother Catherine and her staff of Sisters proved of considerable assistance to the medical staff."

"3700 cases were treated in the Townsend Hospital. Doctor Andrew Furlong, a well-known physician of Wexford, recalled that for seven months he had met Mother McAuley daily in this hospital. Prejudices arose because the Sisters

were wearing a religious habit; complaints were lodged at the Castle against the Sisters. Doctor Hart defended them declaring, "The Sisters were of the greatest help, and the hospital could not have been carried on without them; for they kept the lay nurses in order, a hard thing to do."

Nursing in those days was not a profession; for the most part, nurses were little more than attendants and not always competent even for that. At the Townsend Hospital, however, these women soon learned that Mother Catherine, though gentle and full of understanding, could be exacting in the extreme in what she considered the right performance of duty. She was severe with those who neglected their patients, or who seemed to be in too great a hurry to get rid of the dying and the dead. Brandy, laudanum, and heating appliances were the ordinary remedies used in the wards; tired and sleepy nurses were sometimes inclined to think that the brandy would benefit themselves, but they quickly discovered that Mother Catherine did not share their views.

Once the epidemic was over, Mother McAuley began making plans to open hospitals of her own. In 1837 she opened the first Mercy Hospital in Tullmore, Ireland; the next year, she opened another hospital in Galway. The work of opening hospitals in other towns in Ireland and in England was preparing the Sisters of Mercy with the knowledge and skills in nursing practiced in those days. Such was the background of the Sisters of Mercy coming to America.

Speaking of the type of nursing done by the Sisters in the sixties, Roberta Mayhew West, R.N., late historian of the Pennsylvania State Nurses' Association had this to say:

"The Catholic Sisters approached more nearly the present concept of trained nurses than any who served as nurses in the Civil War. Their training was quite different from the nursing education of today, but they regarded nursing as a Christian service and the excellence of their nursing care and their ability for organization was outstanding."

In 1856, after the Crimean War, Florence Nightingale wrote in a similar strain to Mother Francis Bridgman of the Kinsale Community who had served with her in the Crimea:

"Only an eye witness can form any conception of the magnitude of your services or measure its value. No one of your children values you more than I do. You were far above me in fitness for the general superintendency, both in worldly talent and administration, and in the spiritual qualifications which God values in a superior."

It was well these early nurses possessed the efficiency accorded them, for their skills and resourcefulness were tested to the limit as epidemic after epidemic swept over the city. Smallpox was almost an annual visitor; cholera was persistent from 1849 until after the scourge of 1854; malaria, dysentery, diphtheria, scarlet-fever, and a whole list of fevers - remittent and intermittent - are found in the records of practically every decade until the first decade of the present century and the introduction of bacteriology and filtered drinking water.

No matter what has been the emergency - whether flood, fire, epidemics, or war - the Mercy Hospital nurses have always met the crisis bravely participating with considerable success.

In 1862, when the Civil War divided our country and men were rushing to the colors, eight Sisters of Mercy answered the first call for war nurses. On November 25, 1862, they reported for duty in the 500-bed Stanton Hospital in Washington, D. C. From that date until the close of the hospital in August, 1865, twenty-seven Pittsburgh Sisters of Mercy ministered to the wounded soldiers and cared for hundreds of cases of typhoid, cholera, malaria and other camp diseases. Roberta West states: "The mortality rate of the Civil War pictures conditions before the general knowledge and use of asepsis and anti-sepsis. Of the 284,000 total deaths, 184,000 died from diseases. For everyone killed in battle nearly two died of disease.

Speaking of the Sisters' nursing care during the War, a minister in the Washington, D.C., PRESBYTERIAN BANNER of August 19, 1865, says:

After the trial of volunteer female nurses, the army hospital surgeons had to apply for and obtain the services of the Catholic Sisters of Mercy. The surgeons have not time to devote to the training of assistants, and in the absence of any organized corps of Protestants, they turned to the Catholic Church and there found women to whom they could entrust the temporal welfare of their soldiers.

A careful examination of army hospitals will prove that those in charge of Catholic Sisters are superior in many respects to any others. This can be accounted for only by the fact that these

attendants have undergone a process of training and have formed habits of obedience, which have qualified them for the work.....

After the close of the War, the first Mercy War nurses returned to their posts in the hospital or in the classroom. Little by little the medical revolution entered the American hospitals. It was brought here from Germany and France by young medical students going there for post-graduate work; finally the day came when bedside nursing no longer comprehended the whole duty of the hospital nurse.

After the re-organization of the medical staff in 1892, the doctors asked Sister M. Magdalen, the superintendent of that date, to send a group of Sisters away to learn operating room technique. Even before this request was made by the Doctors, Sister Magdalen Phelan had been approached again and again by young women who wanted to study nursing in the hospital. Much against the wishes of her Sister supervisors, Sister sent Sisters M. Gervase Bour and Madeleine O'Donnell to Philadelphia to observe the new skills and to engage a competent instructor to come to Pittsburgh who would teach nursing arts the new way, for she was determined to open a school of nursing.

Sister Magdalen had the strongest opposition from the Sisters in this resolution. One of the characteristic duties of a Sister of Mercy laid down in her Constitutions is "care of the sick", and all the Sisters could see was that the duty to which they had dedicated themselves was being handed over to lay nurses. So tense became the feeling that in the interest of progress, tradition tells us the

Superiors had to remove every Sister nurse in the hospital at that time, send them back to school and bring in an entirely new corps. It seems scarcely creditable but one of the Sisters who had to be sent back to the class room was Sister M. Etheldreda Ermire.

In Philadelphia, Sisters M. Gervase and Madeleine were guests of the Sisters of Charity at St. Joseph's Hospital. This hospital had opened a school through some affiliation with the approved school of nursing at the Philadelphia General; at the time of the Sisters' visit, the affiliated school at Saint Joseph's had no State recognition, so when three students from this part of the State who had acquired one year's nursing credits from the Philadelphia General learned that the Sisters of Mercy in Pittsburgh were opening a school, which would be approved, they begged to transfer to Pittsburgh. This seemed a very logical thing to do since Mill Julia Telgmann, a graduate nurse from the Philadelphia General had been engaged to be instructor in the new school. These young women were the Misses Anne Kirchner, Ida Durkin and Viola Hoffman.

On December 3, 1893, with Sister M. Gervase Bour as first Directress, the Mercy School of Nursing was opened with an enrollment of twenty-two students, three of whom were the second year students named above. The housing of these students was a problem: three or four rooms adjacent to Doctor Werder's gynecological operating room on the fourth floor were the quarters for twelve or fifteen; the others were housed in the vacant rooms throughout the hospital. A fifth floor built above the west Locust Street wing soon solved the housing problem.

Until 1897 the course in nursing was a two year course. The members of the medical staff took great interest in the students, delivered evening lectures weekly, and followed them by demonstrations in the wards or in the operating rooms. The Sisters attended all the lectures with the students. Miss Telgmann taught nursing arts; the internes were quiz masters at the end of each course. Speaking of her student days at Mercy Hospital, Anne Kirchner, later Mrs. Anna Hays of Washington, Pa., writes:

I found myself at Mercy because Saint Joseph's could not promise that it could meet the conditions laid down by the State. That hospital was poor and had no means at its disposal to buy the required equipment.

On January 1, 1894, a few weeks after our arrival we were tendered a reception with nearly all the staff doctors and their wives present. It was a very pleasant affair. Doctors Buchanan, Stewart, Werder and Hengst were most kind to the new nurses throughout our entire training period.

There was little enough at the Mercy which looked like a training school outside our sleeping quarters. We had a classroom for one week; after that all classes during my time were held in the parlor on the first floor. We had no recreation room; in nice weather, we tried to play in the back yard where there was much timber. We made ourselves a "see-saw". I guess we made too much noise for we were chided for being unprofessional.

Time passed swiftly and pleasantly until February, 1895; Miss Kirchner and Miss Durkin had now completed their course; Miss Hoffman had withdrawn from the school some months before.

*On February 14, 1895, we had a three hours examination conducted by Doctors Stewart, Buchanan, Werder, and Goulding. Then on March 11, 1895, we were graduated. Commencement exercises were held in the new wing built as the eye and ear operating room for Doctor William Robeson.

I feel sure that when Miss Ida Durkin and I received our diplomas we were tendered the only and most impressive reception Mercy ever gave to its nurses. The Sisters from Saint Xaviers, Beatty, furnished the orchestra which transported us with joy.

After it was all over I shall always remember my great joy when I was asked to spend one year at Mercy in private practice. On May 10, 1896, I was chosen to open the Pittsburgh Hospital. The next year the Sisters of Charity took it over.

In my nursing experience, we made all our dressings for the entire hospital and clinic. Surgeons still operated in the homes on the kitchen table. Once Doctor Werder had such a case. The day before he sent me out; on my way I stopped at a drug store and bought carbolic acid and bi-chloride of mercury; In the evening after the meal was over, I put everybody out of the kitchen; I washed the walls and wood work of the kitchen. Early next morning Doctor Werder came out to examine and see that I had made the proper preparations.

I put water to boil on the kitchen stove early in the morning and got all the bandages, lint, sponge, etc. ready. At ten o'clock Doctor Werder came back with all the surgeons of the hospital and many of the medical staff. On the Kitchen table the operation was performed. I nursed the case to conclusion.

That woman was wealthy and could provide every necessity, but the doctors did not limit themselves to the rich..... *

At the close of the first year of the school, Miss Telgmann returned to Philadelphia and Miss Stella McMillan, a graduate from the Allegheny General Hospital became nursing arts instructor in her place. Miss McMillan though extremely well liked remained but one year, for by that time all the Sister nurses in the hospital had completed their two years' course and felt prepared to take charge.

Sister M. Gervase, the first Directress, was a model nurse because she was first a self-disciplined, educated woman. Graduated from a finishing school conducted by the scholarly Dominicans in Ohio, she was always the calm self-possessed lady, no matter how exciting or how perturbing a situation might be. Her students loved her because they admired her qualities of mind, heart, and soul. Her successor was Sister M. Ligouri Head, a member of a well-known Greensburg family; she too had the scholastic advantages wealth can provide; she too came to the office with a background of culture;

* Excerpt from a letter of Mrs. Anna Hays written to the Community historian in 1931.

she never enjoyed the health of her predecessor but made a worthy contribution to the school. The third was Sister M. Clemenza Cauty of whom Sister Camillus wrote:

In Mercy Hospital where many years of her life were spent, she worked incessantly for the general good of the institution and for the individual good of each patient. Tired nurses and even young doctors found in her an understanding sympathy, which always encouraged and stimulated them in moments when things were hard and grueling. "You are doing very well; keep right on; things will look brighter tomorrow," she would say to them.

Sister M. Alphonsa Reid, sister of the late Judge Ambrose Reid, was the successor of Miss McMillan as instructor. All four of these religious were equipped in every way to lay a solid foundation of the school they were establishing. Their motto: "Not to advance means to go backward" kept them on the alert watching every advance in the nursing arts of their day.

It was Sister Liguori who saw the need of industry for first aid and nursing care in mills and factories. She therefore, opened the doors of the school for male nurses in 1899. The first male nurse was Mr. William Barr of Meadville, Pa. Sister M. Callistus Wirtner was his instructor and continued in this position until co-education was introduced, probably by Sister M. Etheldreda Ermire. The course of the male nurse was a two-year course; gynecology, obstetrics, and pediatrics were not included in their course. The school through the

years graduated a total of forty-one male nurses who have gone out into industrial, government and civic positions winning honor to themselves and for the school from which they graduated.

In 1906 Sister M. Etheldreda Ermire became directress of the school and for twenty-six years guided its destiny. Few leaders in the nursing field ever gave so unselfishly and so whole heartedly of themselves, their time, and their labor to the welfare of the student and graduate nurse anywhere, as did this little dynamic religious. Yet, it is interesting to recall that she was one of the Sisters who in 1893, when Sister Magdalen opened the school, had to be removed from the hospital because of her determined opposition.

Even after Sister Etheldreda returned to the hospital some of the old spirit remained; she objected to young women nursing in the men's wards. It took quite a bit of counsel and persuasion before she acquiesced to this. Probably it was her rigid adherence to right as she saw it that made her such a dominant figure in the nursing field from 1906 until her death. Whatever cause she espoused, she brought to it all the forces of her determined spirit.

Sister Etheldreda was small of stature; yet her spirit so animated her small frame that she stood before the world a dynamic personality inspiring respect, cooperation and confidence, not only in her students but in all with whom she came in contact. Her sympathy embraced everyone, especially her nurses. She made her decisions quickly yet her judgement always seemed accurate and reliable. One day shortly before her last illness, Doctor J.J. Buchanan called her on some matter from the phone in the administrator's office. Now Doctor Buchanan

was accustomed to the greatest deference from every doctor on the staff. On this occasion, no sooner had he proposed his question than he had the answer respectfully enough, but succinctly given and followed by the click of the receiver put down. "Well", he remarked to the superintendent--then he stood in thought--finally he said, "That's just the way her mind operates; it clicks the moment she gets the thought." And that was just about the truth of it.

Progress in nursing education had already been made when Sister Etheldreda came to the office. In 1897 the three year course had been introduced; this was eleven years before a three year course was required by law. The Pennsylvania State Nurses' Association was not organized until sometime early in 1903. Among the Charter members were Ida Durkin, Ella J. McCarthy, and Sara Trainer, graduates of the school. Explaining its purpose the Association stated in its first publicity:

Feeling the need of organization, legislation and registration, a call was given to all nurses in the State to organize in order that through legislative measures they might demand for students a better professional background, place schools of nursing on a sound educational basis, and provide protection for the public and for the nurse.

The first bill presented in 1904 to the legislature stated, "After the year 1908 the equivalent of a three years training will be required." Provision was requested for the creation of a State Board of Examiners for registration of nurses. This law was passed and signed by the governor on May 1, 1909.

From 1909 until June 1, 1912, a period of waiver was established. During this period nurses already graduated from recognized schools and nurses who had nursing experience extending over some years were offered registration without examination. Sister Etheldreda, taking advantage of this waiver had all the Sisters doing nursing in the hospital, all graduates of the school since its opening, whom she could contact, registered. All students in the school at the time were prepared to take the examinations when they became obligatory or when the machinery for them was set up.

After May 1, 1910, it became illegal to use the title "R.N." unless registered by the State Board, and after June 1, 1912, examinations were required for registration. The first examination of nurses for registration was held in two sections on two separate dates; for the eastern part of the State it was held in Philadelphia on November 7, 1912; for the western part of the State, in Pittsburgh on November 11, 1912.

The first examination in 1912 showed such inequalities of training that the Board now proposed the appointment of an inspector of all schools of nursing. The inspection was to include the examination of the school facilities for teaching, and the living and recreational quarters of student nurses.

By 1912 the students of Mercy School of Nursing were comfortably housed in St. Anne's Hall and the school had no difficulty in meeting the inspector's requirements when he first appeared in 1916.

During the nineteen years in which the school had been functioning, the Sisters year after year had improved the living quarters of the nurses. From the first cramped

quarters of Anne Kirchner's days when the gas jets were so high in the ceiling that the nurses used candles when studying, the steps to a home of their own were as follows:

In 1896 after the laboratory was moved to the first floor, the attic over the third east was raised making a fourth floor which was furnished as the nurses' quarters. As the nurses increased in numbers, a fifth floor over the entire east and west wings was built as the nurses' domicile. Here the nurses lived until Saint Anne's residence hall was built in 1904-05. Here they were when the first State Inspection was made in 1916.

The same year brought the grading and accreditation of school, one result of the inspection. With some adjustments the school was given Class A rating. The idea of affiliation with other schools for specialties was broached by the inspector on her first visit. At that point World War I broke out and all attention was diverted and focused upon "winning the war for the sake of democracy."

Immediately, the younger doctors and the graduate nurses volunteered their services; eighteen doctors and forty graduate nurses followed the colors; nineteen graduates went overseas with Base Hospital No. 27 and served with distinction until the close of the War. Among these nurses was Miss Minette de Lozier who volunteered to go into the thick of battle to give first aid; for her bravery and her timely succor to so many wounded soldiers, she was decorated five times. The American government bestowed upon her the 'Distinguished Service Cross' and a victory medal with five bars signifying the five major battles in which she participated. The French

government presented her with the Croiz de Guerre. When she died in 1939, she was buried in Arlington Cemetery with military honors.

The general trend of nursing education in the second and third decades of this century was toward the collegiate standard. In preparation, the State recommended at least two years of high school work as a prerequisite for admission into a State approved School of Nursing.

But this second decade posed a problem to the hospital. School and hospital form a unit. Whatever change occurs in one has its repercussions on the other. When the building of the south wing in 1916-18 raised the bed capacity of the hospital to 670, Saint Anne's Hall was no longer large enough to house the number of nurses required to care for this number of patients. Houses were rented on Pride and Magee Street for nurses' residences; this was not a satisfactory arrangement. In 1926, therefore, the Mercy School of Nursing was erected providing ample dormitories, class rooms, recreational, and utility facilities. When the school was completed the requirements of a four year high school preparation were announced. At that date there were a number of two year commercial high schools; this new requirement worked a hardship for girls who had planned to enter from those two year courses.

When the students were settled in their new home and the new curriculum requiring more hours of theory introduced, Sister Etheldreda approached Reverend James Carroll, C.S.Sp., Dean of the School of Education, Duquesne University, to discuss with him an affiliation program by which graduates from the Mercy School of Nursing could secure a degree of Science in Nursing after two years' advanced work in the University. This too was granted in 1926. The

Sisters seemed the only ones interested in this offer. Sister M. Mechtilde Gase in 1930 and Sister M. Placide McCoy in 1931 received their degrees. Since that time practically every Sister supervisor has procured her bachelor's degree. Sisters M. Etheldreda Ward and Alicia Costella were sent to the Catholic University to study for theirs; Sister M. Dorothy Sloan to Saint Louis University for hers. Sister M. Gonzaga Hart was sent to Saint Mary's College, Rochester, Minnesota, to take an advanced course in therapeutic diets. She was the first hospital dietitian who was so well equipped for the work of the dietary department.

Scarcely had Sister Placide received her degree of science in Nursing than she was appointed to the State Board of Nurse Examiners. She held this position from 1931 until 1937. She was the first religious ever elected to that Board. However, a Sister has been on the Board ever since. In 1948 the honor came back to the Mercy School of Nursing when Sister M. Carlotta Vanvoy was appointed. When she was relieved in 1955, Sister M. Loyola Daugherty received the appointment.

Sister Etheldreda's work had received recognition in Pittsburgh from the early years of the century. Her Alma Mater, the University of Pittsburgh, conferred upon her the honorary degree of Master of Science in 1925 in recognition of her contribution to the nursing profession. Sister had graduated as a pharmacist from the University. Her contribution to the development of nursing education in Pittsburgh from 1906 to 1930 won for her the confidence of all her colleagues in the field. She held something of the status of consultant on all local nursing problems.

Sister Etheldreda died September 1, 1933, beloved and revered by all who knew her and especially by her graduates who idolized her.

Although her achievements in the field of nursing education were considerable, it was not this that was most remembered after her death. Her motherly interest in every student, her understanding and sympathy in their difficulties stood first in the minds of her girls.

Yet Sister was a rather strict directress; students and graduates never knew at what moment, night or day, Sister Etheldreda would come around some corner; they knew from experience that it would not be well for them if too many lights were on, slovenly work in evidence, or equipment out of place. The departments were no place for recreation or fun; one day a nurse having deposited her patient in her room was returning the chair to its place when another nurse passing said: "I'll take a ride" and got into the chair. They had not gone far when out of a stairway came Sister Etheldreda. The ride terminated. What happened afterwards was never referred to. A seriously ill patient in a department was certain to bring the Directress at some zero hour when she thought the girls might need her help.

The happiness, the health, the education, and the religious training of the students constituted her over-all care. An oratory was provided just at the entrance of Saint Anne's Hall from the third floor bridge. Here many a student going on duty or coming off duty stopped to recommend herself, her work, and her patients to our Blessed Mother and her Divine Son. For years the nurses recited the Office of the Immaculate Conception during the first part of Holy Hour each Friday evening. The present school is provided with a Chapel where daily Mass is offered and where students, graduates, and other hospital personnel members come to say their Rosary and make a visit. Here are held days of Recollection and of Retreat. Today a beautiful marble statue of Christ the King stands at the end of the first floor corridor in the hospital, memorial of the graduate nurses to their beloved Directress.

Sister Etheldreda was succeeded by Sister M. Mechtilde Gase who had been assistant Directress for years and who had filled the position of Directress while Sister Etheldreda was superintendent of the hospital in 1915. In December, 1933, Sister M. Mercy McIntyre was appointed to succeed Sister Mechtilde, who went as supervisor of the pathological laboratory.

At this date the State Board was recommending that all directresses and instructors in the schools of the State hold at least a Bachelor's degree; to comply with this requirement, Sister M. Mercy went to Saint Mary's College in Winnona, Minnesota. Sister M. Placide McCoy was appointed acting head of the school in her absence.

To Sister M. Placide McCoy must be given the credit for effecting the first affiliation of the school with other schools for special training. Such an affiliation was arranged with Saint Francis Hospital for experience in psychiatric nursing. The first group of nurses went to Saint Francis for this purpose in 1935-36. As the years passed other affiliations have been effected:

Mount Mercy College for the basic sciences	1942
Public Health	1943
Western Pennsylvania Psychiatric Hospital (St. Francis could not take care of all our students)	1943
Municipal Hospital	1944
Tuberculosis League	1946

Other hospitals have affiliated with us for pediatrics and obstetrics.

On August 28, 1935, Duquesne University announced that it was opening a School of Nursing on the collegiate level. Miss Mary

L. Tobin of the Yale School of Nursing was to be Dean and Miss Carolyn E. Gray, a nationally known consultant in problems of nursing service and nursing education had been secured as her assistant. The School opened September 23. Before that date Miss Tobin and her assistant visited the hospital and with Sister Anna Marie McDonald and Sister M. Mercy McIntyre arranged a program of affiliation whereby all theory was to be given in the University School and practical experience acquired in the Mercy Hospital under the joint supervision of the hospital and the university. Miss Gray was made clinical supervisor of her students in the hospital.

In 1941 Sister M. Loyola Daugherty followed Sister Mercy in the office now termed "Director". Scarcely had she become acquainted with her new duties when the Japanese attack of our fleet in Hawaii precipitated us into World War II. Her term of administration was filled with nursing problems created by the War.

In all, nearly three hundred of our graduates volunteered for military service and served in army hospitals in the Pacific area, the European fronts, and in military hospitals in this country. This created a shortage in the nursing staffs of civilian hospitals at home. The American Nurses Association in conjunction with the League of Nursing took up the matter of filling the breach. Through their efforts the National Defense Act was passed by Congress providing scholarships to students who needed financial aid. The Mercy Hospital qualified for this program. Despite the fact that many other schools likewise qualified, this program failed to draw a sufficient number of high school graduates to meet the ever increasing civilian and military needs for nurses. With high publicity

glamourizing the nursing profession the government tried again, for the need of nurses in battle areas was very great; this time Congress passed the Bolten Act organizing the United States Cadet Nurse corps in June 1943. The government under this Act paid the matriculation fee, all fees for the education of the cadet, and supplied a special uniform. The cadet had no pecuniary worries.

The Mercy School of Nursing was the first school in Western Pennsylvania to be approved for Cadet Nurse training. This was effected in August, 1943. The clerical work that piled up in the director's office as a result of this program was considerable. The school had to file the details of its curriculum with the government; it had to testify that each cadet applicant possessed the physical health warranting her acceptance into the corps. At the close of her scholastic training the school had to confirm that she had satisfactorily completed the course and was entitled to graduation.

The Cadet Nurses' program called for an accelerated curriculum in which all instruction --theoretical and clinical--had to be completed in thirty months leaving the cadet nurse free during the last six months of her nurse's course to serve the government in one of the government hospitals here in the country. Under this plan, Mercy Cadet student nurses were called to service in:

Veterans Administration Hospital, Mountain Home, Tennessee.

Kennedy General Hospital, Memphis, Tennessee.

De Shon Hospital, Butler, Pennsylvania.

Veterans Administration Hospital, Wood, Wisconsin.

Veterans Hospital, Lyons, New Jersey.

Maguire General Hospital, Richmond, Virginia.

The United States Cadet Nurse corps program was very successful in attracting large numbers of young women in the profession. According to statistics, the Bolten Act brought educational opportunities to 179,000 young women who, otherwise, would never have been able to enter the field. While only 125,000 student cadets remained to graduate in the 1100 schools approved for this training, this number eased the nursing emergency.

Through the aid provided by this Act, the enrollment of the school doubled. Living quarters in the school became crowded, Saint Anne's Hall was again requisitioned. Classes were admitted in September, February, and June, which trebled the teaching burden; the Sisters accepted the added teaching load, happy to make their contribution to their country.

The Cadet Nursing program did little to take care of the nurse shortage in civilian and private hospitals. No student can take the place of a graduate or experienced nurse. To enable them to give the best nursing service, the hospital had recourse to nurses' aides and the practical nurse.

At this juncture, while the problem of graduate service in the hospital was the burning topic, Sister M. Loyola Daugherty, Director since 1941 was relieved of her responsibility and succeeded by Sister M. Inez Parker, who had held the position of educational director.

Under the directorship of Sister M. Inez the School was affiliated with Mount Mercy College in January, 1948. The College, a woman's liberal arts college, had been empowered to bestow the Degree of Bachelor of Science in Nursing Education. Classes began in September, 1948, so at the beginning of the second century of the hospital the future of the school looks bright.

Sister M. Loyola was appointed co-ordinator between the college and the hospital and in actual practice became the head of the Department in nursing in the college. Today the enrollment in the collegiate courses in nursing is increasing year by year; the faculty likewise had increased in number of qualified instructors. The great problem facing the department and the college itself is the lack of sufficient residence quarters; this is in the process of being remedied; when this is accomplished, growth is assured.

In 1949 through the recommendation of the Catholic Hospital Association, the Mercy Hospital School of Nursing was placed tentatively on the approved list of accredited schools by the newly organized National Nursing Accrediting Service. The examination came in 1950. Both Sister Inez and her educational director, Sister M. Boniface Roach, worked hard to qualify; this indorsement of the school drew more and more applicants in the upper high school grades.

In 1955 Sister Inez was transferred to the Service department which as has been noted she was instrumental in remodelling. Sister M. Paulinus Rafferty succeeded her as Director of the School; she and her director of education, Sister M. Vincent, did graduate work at the Saint Louis University graduate school of nursing.

A SECOND CENTURY BEGINS

SISTER M. CARLOTTA VANVOY'S ADMINISTRATION

- 1950 Purchasing department organized under Sister M. Francis de Sales
- 1950 Sister M. Raymond and Sister M. Francis de Sales go to Rome for the Holy Year
- 1950 Sister M. Etheldreda and Sister M. Loyola fly to Rome for the Holy Year
- 1950 Sister M. Carlotta introduces 5½ day duty for nurses; with sick leave and longer vacations.
- 1950 Social Security for nurses, mechanics, maintenance staffs, including employees in the laundry, kitchen and housekeeping.
- 1950 November 30, School of Nursing placed on list of accredited schools by the National Nursing Accrediting Association
- 1950 Lady of Fatima erected in the corridor outside the Chapel in the School of Nursing
- 1950 Dogma of the Assumption was proclaimed
- 1950 All daily newspapers went on strike - "A Daily Reporter" was put out to give some news especially of business.

- 1951 Father James Cox, former chaplain, dies in the hospital in March.
- 1951 Ambulance is sold, and a bus to transport Pre-Clinics to college is bought.
- 1951 Father William Danneker, Chaplain for thirteen years is changed; Monsignor Misklow succeeds him.

- 1952 Bishop Lamb installed in the Greensburg Diocese
- 1952 Doctor W.W.G. MacLachlan elected president at the January meeting
- 1952 April 30 - First meeting of the Advisory Board

- 1952 Corrine Wahr left \$100,000 to the Hospital
 1952 First angino-Cardiogram and operation
 for young man 29 years old for a
 twisted aorta - took five hours
- 1952 Ligonier Hospital sold
 1952 First foreign residents and internes
 1952 Residents paid \$150 monthly; internes \$100.
 1952 Five big electric generators installed
 1952 License of Saint Xavier's pharmacy ex-
 pires; no pharmacist; drugs are
 supplied from Mercy Hospital; old
 pharmacy used for treatment room
 by visiting doctors.
- 1953 Rev. William Erkins, first diocesan
 representative at Catholic Hospital
 Conferences
- 1953 Varicosity department open on the
 first floor west.
- 1953 Father Francis Glenn transferred to
 Resurrection Parish; Father
 Casimer Lewandowski succeeds him;
 Father Turlik follows Father
 Lewandowski in four months.

CHAPTER I

ADMINISTRATION OF SISTER M. CARLOTTA VANVOY

The first century of service in the hospital terminated on January 1, 1947, during the administration of Sister M. Innocent. The two following chapters generally belong to the history of the second century but are here given first because this account of the hospital was not completed until after these years and their accomplishments had also passed into history; and secondly, they are here preserved for future reference.

Sister M. Innocent Hughes was Superior of the hospital as well as administrator. Hence, in conformity with Canon Law when her six years of superiorship were up, she was replaced in the superiorship by Sister M. Seraphina Sheflin; Sister M. Carlotta Vanvoy was appointed as administrator. This was not the first time in the history of the hospital that such a division of authority had been made. Down through the years Canon Law has been observed in this matter. During the first Sister Innocent's time, during Sister Mary Rose's administration, and again in Sister Anna Marie's term there were times when there was a Superior appointed as well as an administrator.

Sister Carlotta came to the executive office well experienced in all the phases of hospital service. All her religious life had been spent in nursing. She came to the hospital in the second decade of the century during the first Sister M. Innocent's administration. After graduating from the School of Nursing, Sister was sent away to specialize in obstetrical nursing. While the records mention obstetrical cases in the hospital in the 1880's, the work was limited to gynecology after 1885. Doctor Bernard Burns and Doctor Xavier Werder specialized in this field.

With the development of the science of pediatrics a consciousness of the hazards attending child-birth and infant care developed; a study on how to make a natural function safe for both mother and child was made. Sister Innocent, always alert to safeguard life at any cost, opened fourth east as a gynecological department and to care for obstetrical patients. In the beginning Sister Carlotta's work was chiefly gynecological; not more than a dozen deliveries took place in a year. The two gynecologists, Doctor Werder and Doctor Frodey delivered them. Each year saw an increase in the number so that when the south wing was built, the fifth south was fitted up for obstetrics and Sister M. Ignatius Hickey was placed in charge; Sister M. Carlotta remained on the fourth floor east. In 1927 Doctor R.A.D. Gillis, the first obstetrician was added to the medical staff. In 1938, when the south-east wing was built, the entire sixth floor was conditioned for obstetrics.

Despite her duties as supervisor of a large and responsible department, Sister Carlotta managed to acquire her Bachelor's degree in Nursing. Thus qualified she was assigned to the School of Nursing for a short period. In 1948 she was appointed by the Governor of Pennsylvania to the State Board of Nurse Examiners. She held this position until 1955, when she was succeeded by Sister M. Loyola Daugherty.

One of Sister's first administrative acts was to establish a Purchasing Department and to consolidate all purchasing of hospital supplies, excluding both the dietary and pharmacy departments. The department was opened in the basement of the School of Nursing close to the delivery platform. Sister M. Francis de Sales was placed in charge to organize it. Sister Francis de Sales had great

organizational powers and in a very short time she developed a department that attracted the attention of supervisors of similar departments in other institutions. The distribution of supplies continued as formerly, i.e., each department, on the day assigned, sent its basket and its list of requisitions to the purchasing department in the morning; in the afternoon an employee of the purchasing department returned the filled basket to its department.

Naturally, as a member of the State Board of Nurse Examiners, Sister Carlotta was interested in everything that pertained to the well-being and education of the nurses in the hospital. In conformity with the latest legislation of the State Nurses Association, she reduced the eight hour duty six days a week to a five and a half day week. To this was added sick leave, and longer vacations. It was in 1929 during Sister M. Rose's administration that the length of day duty had been reduced from twelve hours to eight hours; at the same time all nurses, student and graduate, began wearing the white uniform.

On November 30, 1950, word was received that the examiners had reported favorably on the work in the Mercy School of Nursing and that it had been placed on the approved list of the National Nursing Accrediting Association. In 1952, in Cooperation with Sister M. Inez Parker, the Directress, Sister Carlotta dropped receiving students in February for a February class. The curriculum had become so full and the September enrollment so large, this arrangement was necessary. All groups working in the hospital profited by Sister's next move. Working with Sister M. Cephas, the bookkeeper, she introduced social security for nurses and all employees.

The year 1950 was a Jubilee Year in the Church. During it Pope Pius XII declared the dogma of the Assumption of the Mother of God. The Church had always held this truth and had commemorated it each year on August fifteenth. Every Catholic rejoiced at this honor given the Mother of Christ, for if the world honors the mothers of great men, how much more fitting that the Church should honor the Mother of God.

To celebrate this Holy Year at the fountain-head of the Church, Sisters M. Raymond Abbatichio and Francis de Sales Sullivan sailed to Rome; Sisters M. Etheldreda Ward and Loyola Daugherty went by plane. At home, in the spirit of the Jubilee, a statue of our Lady of Fatima was erected in the Chapel Corridor of the School of Nursing.

During the greater part of the Holy Year, Bishop Boyle had been a patient in the hospital. He died December 22, 1950, surrounded by his successor, priests, and Sisters. His tenure as Bishop of Pittsburgh was the longest in the history of the Diocese - almost thirty years. The humility and charity of the Bishop inspired many stories. Bishop Boyle once stopped at Notre Dame University to visit his nephew, Hugh C. Boyle, now a judge. Strolling around the campus the Bishop was accosted by an old lay brother, who asked him if he were a priest. Mischievously, the Bishop replied: "I used to be." Upset by this unorthodox answer, the brother hastened to the Provincial with the alarming news: "There's an ex-priest roaming around out there." Another time he was roundly scolded by a photographer, not a Catholic, who had been refused permission "to give the Church some good publicity." The Bishop nodded gravely and confessed: "I myself have often remarked that one of the evidences that the Church is Divinely guided is the fact that she gets along so well in spite of her bishops." "Oh, I wouldn't say that," replied the embarrassed reporter, "Some bishops are all right."

It was in 1952 that Sister Carlotta organized the first Advisory Board of the hospital. The old Board of Directors, by getting State aid had made it possible for Sister M. Martina to carry on her extensive building program. It was now seventy years since the Board of Directors was organized; during that period there had been many changes in personnel until through resignations and deaths, there were no members left but Sisters. At Bishop Deardon's suggestion the Board of Directors was re-organized with Sisters only. A new Board, known as the Advisory Board was organized. It consisted of prominent professional and business men whose chief work was to give their experienced advice on contemplated hospital action. The President of the Advisory Board is always a member of the Staff. The first meeting of the members was called for March 27, but due to the sickness of two of the members it did not convene until April 30th. Dinner was served in the Priests' dining room on the Third south; several of the members of the medical staff acted as hosts. After the dinner the members took up their business meeting; the meeting of the doctors with the Board was most beneficial, for through the doctors, the members were made acquainted with the work and needs of the hospital. The organization of the Board and the study of the By-Laws consumed the time of the first meeting. The Board is strictly advisory as has been mentioned; so far it has shied away from any motion to obtain money for the hospital.

Many other new practices were introduced in 1952; it was at the January medical staff meeting of this year that it was voted that residents should be paid \$150 a month during their residency, and internes should receive \$100 a month. The reason for this was that

since World War II many of the residents and even the internes were married men and sought hospitals where some remuneration was received. Perhaps it was God's way of compensating the hospital management for this, since in May Corrine Wahr, in dying, left the hospital \$100,000.

The Ligonier Hospital which the Sisters of Mercy opened in 1944 and to which Sister Anna Marie McDonald was appointed as administrator was sold by Mother M. Francella, the Mother Superior, on July 15, 1952. The bed capacity was so limited that the hospital was not self-supporting; it had to look to Mercy Hospital to make up its deficit monthly. Had it been possible to enlarge the hospital, there is no doubt but that great good would have been done in that area; at the time, however, the Community had a large debt on Antonian Hall and could not add to its financial burden.

1952 was to be remembered for another innovation; foreign residents and internes were admitted to the hospital to complete their experience in clinical medicine. There was one Korean, one Mohammedan, but most of them were from Spain or South America and the West Indies. One of their greatest handicaps was their little knowledge of the English Language.

When the license for the pharmacy at Saint Xavier's expired in 1952, Sister M. Gonzales, the hospital pharmacist, brought home all narcotics and drugs used in filling prescriptions. From that time all medicines of this nature had to be dispensed from Mercy Hospital or from another hospital or drug store. The former pharmacy at St. Xavier's was equipped as a treatment room for visiting physicians.

The use of electricity in the hospital for treatment purposes had been increasing steadily until the electric generators on hand were no

longer adequate to supply the electrical demand; Sister Carlotta, therefore, introduced five new and larger generators; they are housed on the first floor of the School of Nursing and carefully insulated.

Many of the specialties entered the hospital through the out-patient department. At the beginning of Doctor Gillis' work in the hospital for instance, the pre-natal clinic was opened in 1928. That was in Sister M. Rose's Administration; in the same year varicosity clinic was established under Doctor J.P. Henry. But it was not until 1953, in Sister Carlotta's Administration that this last clinic attained the status of a department in the hospital. On the first floor of the southwest wing, Sister Carlotta renovated a couple of rooms, laid terrazzi flooring in rooms and corridor and equipped the department as the vascular surgery department. Doctor J.L. Buchanan, who had spent some time specializing in this field, became the chief.

The department was equipped to provide facilities for the diagnosis, treatment, and research in diseases of the circulatory system. "Venous pressure studies are being made when necessary for diagnosis to aid in determining therapy and to evaluate the effect of various types of venous ligations on venous pressure in the extremities."* As time went on "A blood vessel bank was established to provide facilities for preparing and preserving arteries for use in vascular surgery. The department works in close cooperation with Doctor Kipp and his surgery of the heart and lungs.

* "Our Second Century Service" pamphlet published at Mercy Hospital, 1958.

For some years the camera had been used in the hospital by some of the doctors to preserve pictures of interesting pathologic conditions found in patients through surgery, autopsy, or other channels. These pictures were used by members of the staff for teaching purposes and for lecturing demonstration. The work in its infancy was done in the Magee Laboratory where Doctor R.J. Simon for a time at least, was instrumental in making the pictures.

By 1952 the practice had developed in all our schools of teaching a great deal, by means of pictures; consequently, in conformity with the times, Sister Carlotta, at the request of staff members built a photographic suite on the roof of the south wing and engaged a Mr. Joseph Lappan, a photographer of considerable skill, as the photographer. The work of this new department had given great satisfaction to the hospital personnel.

June 18, 1952, the first angino-cardiogram in the hospital was taken on young man twenty-nine years old who came in with a twisted aorta. Doctor Kipp operated on him. It was a dangerous operation and took almost six hours. One sometimes wonders how much the human heart can stand. However, Doctor Kipp is very considerate of it. One morning quite early he was operating on a rheumatic heart. After he had worked for what seemed a long time and had exposed the heart, he left his place, to the surprise of some in the operating room, went over to the window and sat down. Answering the surprised and perhaps reproachful looks, he said: "It is only ten o'clock; I am not tired but that heart is." All the time the heart kept beating normally. In a few minutes he went back to do the necessary repair. In a short time he shocked at least one person by saying calmly, "Now I have my finger in the valve of the heart."

The operation proceeded, the patient was returned to her room. Today she is teaching a full day's schedule. The operation took place seven years ago.

Similar breath-taking operations are being performed by the neuro-surgeon, Doctor Floyd Bragdon, who with God's help, has been so successful that he has won for himself almost national repute.

Both in medicine and in surgery such marvelous things have been accomplished in the past one hundred years that one stands spellbound before the possibilities of the future.

SISTER M. FERDINAND CLARK (August, 1953-

- 1953 Sister Mary John Clark, housekeeper
- 1953 Mount Mercy College introduces the
four year Course in Nursing
- 1953 Sister M. Richard succeeds Miss Mount
as supervisor of the Out-Patient Dept.
- 1954 New type switchboard
- 1954 New Mohler organ installed in the Chapel
- 1954 New storm windows in the chapel.
- 1954 Chapel windows re-loaded
- 1954 Isotope Unit established on the fourth floor
- 1954 Philip Murray radiation center opened
- 1954 New boiler installed in boiler room
- 1954 Electric encephaloscentographic unit
opened on the fourth east

- 1955 Air-conditioning introduced into the
chapel and refectory
- 1955 Doctors' Dining Room moved to the first
floor, School of Nursing
- 1955 Priests' Dining Room moved to the Hospital
third floor west
- 1955 Remodelling of second west and third
west completed
- 1955 Saint Anne's Hall redecorated and refur-
nished for college students and for
doctors and internes.
- 1955 Rooms of seventh and eighth floors south
are converted into double rooms
- 1954-55 Remodelling of Magee Laboratory;
Clinical laboratory set up in the
old record room; metabolism and record
room moved to the third southwest.

- 1955 Diagnostic Clinic opened adjoining the
Emergency room
- 1955 Anesthesia recovery room on fifth south
opened as memorial to J.J. Buchanan, M.D.
- 1955 Second floor south corridor modernized
- 1955 Women's gifts shop adds a lunch counter
- 1955 Doctor Perryman takes blind technicians
for the dark room work
- 1955 Doctor Perryman takes X-Ray student
technicians
- 1955 Emergency room re-modelled, refurnished

- 1956 Sister M. Mercy McIntyre, Supervisor
of the X-Ray department, dies
in Sea Isle City, N.J.
- 1956 Medical Records Department rejuvenated
- 1956 Blood Bank enlarged and refurnished
- 1956 Morgue moved from the Magee Laboratory
- 1956 Steam table introduced into the refectory
- 1956 Amphitheater redecorated

- 1957 Central Service remodelled and
refurnished
- 1957 Rehabilitation unit opened on the
second west
- 1957 Drug Room enlarged to include former
Priests' dining room
- 1957 Henry Ford Corporation gave the
Hospital \$250,000.
- 1957 Sisters' Department Hospital fifth
southwest improved by new bath-
room facilities and washstands
in each cell.
- 1957 Chapel redecorated - New Stations
- 1957 Community Room and bathroom nearby
redecorated, renovated and
refurnished
- 1957 Expansion of the radiation therapy
center
- 1957 Cardio-encephalographic laboratory
operating on full schedule
- 1957 Clinical clerkship

- 1957-58 Interior of Nurses' home redecor-
ated and some new furniture installed
- 1958 Installation of an Edison televic
dictating phone in the O.R.
- 1958 Medical Record Department approved
for training technicians
- 1958 Escort service introduced
- 1958 Operating Room technicians introduced
- 1958 Sisters' Infirmary of the tenth floor
south built
- 1958 Fourth west redecorated and renovated
- 1958 Women's Auxiliary operate the coffee-shop

1958-59

Fifth west redecorated and renovated

CHAPTER II

ADMINISTRATION OF SISTER M. FERDINAND CLARK

In 1953 Sister M. Ferdinand came back to the hospital to fill the office made vacant by the transfer of Sister M. Carlotta to the Purchasing Department. Sister Ferdinand was the first administrator since 1903 who was not a nurse. Even so, Sister was no stranger in the hospital. As supervisor of the admission Office for a number of years, she had gained insight and knowledge of most hospital activities; she knew personally many of the doctors, nurses, and members of the other staffs in the hospital.

Coming back to the hospital after six years as Superior of St. Paul's Orphanage where she had gained much information on pediatrics and social service, she took up her administrative duties with a spirit and energy since recognized as characteristic of her. Quick, intelligent, and far-seeing, Sister adjusted herself to her office by attending all Staff meetings held in the hospital and all meetings of city agencies working in the interest of public health; at the same time she was using every available moment to read hospital journals, health periodicals, and such other publications as promised to enlighten her on her duties.

It would seem that during the first months of her administration she abided her time acquainting herself with the needs of the house. In 1954 she began remodelling and modernizing the older wings of the hospital in a program which promises to rival Sister Martina's extensive program of 1903-1909. The west wing was the first to undergo rejuvenation.

For some years residents and internes had their quarters on the third south-west. In view of the constant demand for beds for patients, Sister Ferdinand remodelled and reconditioned Saint Anne's Hall; on the third and fourth floors she housed both residents and internes, while on the second floor after she had installed air-conditioning, she provided residence for college students in nursing. Sister M. Teresita was appointed house-mother.

To remodel the 1882 west and southwest wings of the hospital and make them over into modern hospital departments, Sister engaged an architect to remodel the departments, electricians to rewire and furnish modern lighting fixtures, plumbers renew every pipe and bathroom facility, and finally, painters to redecorate each room and corridor after much new flooring had been laid.

Second West underwent a complete transformation; the old "Pittsburgh Coal Ward" was broken up into smaller wards and units. With new furniture and new lighting it was converted into a thoroughly modern department. This section remained a men's department, but the third west and southwest, completed about the same time in 1955, was equipped as a women's department equally modern and attractive.

By 1959 every department in the west and south-west wings had been renovated; on the first floor the medical record rooms had their faces lifted. New flooring, new lighting, and redecorating did it. This modernizing movement extended out to the second south-west where the blood bank was enlarged and newly equipped, and where a research hematology unit was established. In 1957 the Chapel and the Sisters' Community Room were redecorated. New Stations of the Cross

and a new confessional were installed in the Chapel while pieces of new furniture changed the very atmosphere of the Community Room. In 1958 fourth west was renovated while the patients were cared for in the recently built Sisters' Infirmary on the tenth floor. The fifth West was the last to feel the Phidian touch and shone in all its rejuvenation on Easter, 1959.

While all this remodelling of the west wing was going on, the latest up-to-date equipment for the latest treatments or for diagnostic purposes were being installed. The roentgenology department received considerable new equipment; on January 21, 1954, a radioactive isotope unit was set up in the department. "This radioactive isotope is used in the diagnosis and treatment of thyroid diseases, polycythemia, and other related diseases. These isotopes are materials which have been made radioactive by being subjected to atomic piles and by this continuous contact over a period of time, they themselves become radioactive and emit rays similar to radium. Iodine 131 is the one most commonly used; it is not only a tracer chemical to test the activity of the thyroid gland but can be used in the treatment of hyperthyroidism; formerly it was necessary to remove a portion of the gland by surgery; now with this treatment surgery does not seem to be necessary."

Another outstanding addition to this department in the same year was the cobalt unit. In the autumn of 1954 a cobalt vault was built and insulated in order to prevent the escape of the "gamma rays" of the cobalt capsule into the adjoining rooms and corridor.

The cobalt unit is a memorial to the

memory of Philip Murray who had been head of the CIO for many years. He had the interests of the working man at heart and administered his office with honesty, charity, and impartiality in all his dealing with others. He was a Catholic and a good one; when he became ill, no matter where he was, he wanted to be brought to Mercy Hospital. For many years he was afflicted with heart disease, but this did not cause him to slacken his work for the underprivileged worker.

Consequently after his death, his successor, David J. McDonald, proposed to give to Mercy Hospital the cobalt capsule as a memorial to him. This cobalt was thought to penetrate body tissues with a power of a three million volt of an X-Ray machine. It was believed that it would cure certain types of cancer. The CIO contributed \$100,000 for the capsule; other friends of the hospital and the doctors added to this a sum sufficient to build and insulate the vault.

The unit was dedicated with much ceremony on Sunday, October 24, 1954. Right Reverend Msgr. Joseph G. Findlan blessed the unit, after which in the assembly in the auditorium of the School of Nursing David J. McDonald, in the name of the CIO, delivered an address presenting the cobalt capsule to the hospital. Doctor W.W.G. MacLachlan, President of the Medical Staff accepted the gift in the name of the hospital. The Honorable James A. Duff, United States Senator, and a member of the Atomic Energy Commission spoke. The Very Reverend Vernon E. Gallagher, President of Duquesne University, delivered the final address, a masterpiece which introduced the moral or ethical principle in the use of natural materials in the cure of the sick.

On June 4, 1954, the hospital's peaceful routine was violently disturbed by three men who had walked up and down the front corridor during the morning, one with a patch over his eye, another with a bandage on his forehead, and the third with another part of his face bandaged; presumably they were waiting for their doctors. Many others were standing about waiting for their doctors also. At eleven o'clock, when the messenger boy from the bank carrying a satchel with the hospital's two weeks' payroll in it, appeared at the door, they rushed upon him, snatched the satchel from his hand, rushed up the hall, up the stairs to the second floor, and got away with their booty of \$23,000 in a car waiting at the emergency for them. As the messenger had not deposited the money in the bookkeeping office, the bank was the loser; for the culprits all of whom were tracked down, but not all the money could be recovered. So many bank robberies were taking place at that time that banks arranged a different method for distributing the payrolls of industrial plants and large institutions.

The difficulties of financing a private hospital so as to keep it in the first class of approved hospitals is increasing constantly. A first class hospital has to provide its patients with all the conveniences of a first class hotel and at the same time, by constantly modernizing its departments and installing new equipment for the latest treatments meet the demands of standardizing agencies. How much longer private hospitals without government aid or endowment can compete with heavily endowed institutions worries many an administrator.

In 1957 there were in Mercy Hospital 203 employees for every one hundred patients. Two-thirds of every dollar taken into the

hospital went for salaries and wages; over 25% went for supplies. In ten years there has been a 60% increase in personnel, while wages have gone up 107%.

The Management of the hospital knew all this, yet the work of modernizing the out-of-date departments had to go on. In 1955 the emergency opened in 1918 underwent a complete rejuvenation. It was expanded to consist of eight treatment rooms besides offices and utility rooms. All were air-conditioned. The second south corridor lost its drab appearance and through new flooring, new lighting, redecorating, etc., has been converted into a bright, cheerful passageway. Close to the emergency room a diagnostic unit had previously been opened; not all patients pass through the diagnostic unit, only cases not sent in by a staff doctor. This unit reminds one of the time when the portress examined every potential patient at the door before he was admitted. Another strictly new unit set up in 1955 was the anesthesia recovery unit on the fifth south east. This department owes its existence to Doctor Francis Foldes, chief anesthesiologist and Doctors Edward and John Buchanan who financed its equipment as a memorial to their renowned father, Doctor J.J. Buchanan. To supply for the beds lost in so much renovating, the single rooms on the seventh and eighth south were converted into double rooms temporarily adding 34 more beds to the hospital bed capacity.

When all this was completed, the total bed capacity of the hospital was 750; 291 beds for men. 314 for women, 80 for children, and 65 bassinets for the new-born.

In 1956 more departments came under the hammer, chisel, and paintbrush; the central service, and an extra unit for the pharmacy. It was through the unparalleled beneficence of the Henry Ford Corporation, in a gift of

\$ 250,000 that the administrator was enabled to renovate these departments and redecorate and refurnish other departments in the hospital.

After the purchasing department was opened, the central service department took on the look of a step-child although much good servicing of trays and surgical dressings continued to go out from it, and improvements in preparing hypodermic needles and new equipment for sterilization had been introduced. Now, under the aegis of Sister M. Inez Parker, the department was remodelled and brought up to date.

At the same time a room at the corner of the third floor nearby the pharmacy, formerly used as a Priests' Dining Room was fitted up for storing pharmaceutical supplies and for the preparation of intravenous fluids. The Pharmacy staff announced on December 8, 1958, when the first fluids were dispensed that "these fluids have been completely tested to meet all standards of quality, quantity, pyrogenicity and sterility." These two units were completed in 1957 and a plaque was placed on the venous therapy unit to acknowledge the gift of the Henry Ford Corporation.

The pharmacy has grown and improved under the management of Sister M. Gonzales Duffy. The pharmacy daily dispensing has become so great that four registered pharmacists are kept busy. In 1958, to aid physicians and to simplify the work in the pharmacy, the medical staff brought out a formulary with keen foresight for it is loose-leafed and new drugs can be inserted and those that have fallen into disuse can be deleted.

The School of Pharmacy of Duquesne University is affiliated with the hospital pharmacy so that senior students in pharmacy

can get practical experience in dispensing before graduation. This entails much supervision on the part of the pharmacists.

Sister Gonzales, by attending national pharmaceutical meetings and by inviting leading pharmacists to Mercy Hospital to speak to the local pharmacy conference, has won for herself such recognition that after appearing on the program at the annual national convention, she was honored with the appointment to the Faculty of the American Hospital Association Pharmacy Institute.

The training of the young pharmacists on the pharmacy staff of the hospital is recognized by the national Board and as a consequence, one of the young men has been given a very high position in the National Pharmaceutical Society, and others have received lucrative positions in other hospitals.

The problem of adequate training of internes and residents is always with us in these days. Today the hospital has been approved by the specialty boards for training residents in anesthesiology, internal medicine, general surgery, neurological surgery, obstetrics and gynecology, otolaryngology, pathology, radiology, and urology. Each residency is organized in compliance with the American Board in its respective specialty and meets all the regulations of the State, Council of Medical Education, the American Medical Association, and the College of Surgeons.

To improve and intensify this training in the hospital, the medical staff of the hospital appointed a medical coordinator, who, working with the internes and residents in medicine, is establishing a teaching program in medicine. Doctor Frank Luparello

has been chosen first coordinator. It is worthy of note that here is another activity in which Mercy Hospital is the first in the area to organize the program so thoroughly. The management looks forward to the day when the surgical branch of medicine will appoint its coordinator. Doctor Luparello, after making himself familiar with the recent developments in interne training, makes daily rounds with his students, holds clinical conferences with them, and provides lectures and demonstrations for them. This "teaching round" is not altogether new in the hospital. Doctor W.W.G. Maclachlan originated it fifteen or twenty years ago; it has been a familiar sight to meet Doctor Maclachlan going along the corridor with a couple of young doctors and a group of internes or residents in his train; he seemed to be lecturing. Once after the first group of foreign doctors came to the hospital one said to the Sister trying to teach them English: "Sister, don't teach us, that; teach us to talk like Doctor Maclachlan standing at the foot of a bed in the ward and explaining the case."

The coordinator is an attractive feature for senior medical students planning for their year of internship. Some twenty applications have been made for July, 1959; ten from the University of Pittsburgh and four foreign. On the other hand, the majority of residencies have come from foreign countries: eight in anesthesiology, three in gynecology and obstetrics, four in internal medicine, two in neurosurgery, two in otolaryngology, two in pathology, three in radiology, seven in general surgery, one in urology.

Perhaps one of the distinguishing features of this administration is the presence of so many technicians working or studying in the hospital. Technicians in clinical microscopy

have been in the hospital since Sister Francis Xavier's day. Today there are many technicians studying laboratory procedures in the X-Ray department, in Anesthesia, in Medical Records, and in the Operating Room. Unique too, is the employment of blind technicians in the dark room of the X-Ray Department .

Another feature unique in the hospital is the Escort Service. This is another Women's Auxiliary contribution to the work of the hospital. Throughout this account the Women's Auxiliary and its work in the hospital has been referred to, perhaps not as fully as deserved, for these tireless, generous, charity-imbued women have become firmly incorporated into the hospital life and render a service indispensable to the management, hospital staffs, and visitors to the hospital.

Sister Ferdinand's courteous business-like manner, as well as her work in the hospital and her contribution to her local Conference and other health agencies was given public recognition in August of 1956 when Duquesne University conferred upon her the honorary degree of Doctor of Education.

Perhaps the best way in which to close this account of the first one hundred years of hospital work is by referring to two new measures the management has introduced; namely, the One Thousand Dollar life insurance policy provided by the hospital for each employee in its service, and for the possible advent of the "era of automation. This will enter the hospital through the laboratory, it seems. Today the work in the chemistry unit of the laboratory has become so time consuming and heavy, and competent medical technicians so difficult to secure that in 1959 the Management decided to install in the laboratory an "autoanalyzer". This instrument has been advertised as being

capable of performing the following determinations: blood sugars, blood urea nitrogen, CO₂ determination, acid and alkaline phosphates, and inorganic phosphates. Automation has come into the hospital. Who can tell how automation will change hospital services in the next one hundred years.

In 1958 Sister Ferdinand built a Sisters' Infirmary on the tenth floor of the southeast wing. The location is perfect from many viewpoints. This department was possibly one of the most greatly needed in the hospital. The sick Sisters never really had an infirmary permanently provided for them.

The rooms of the new infirmary are large, airy and furnished with the latest hospital beds, bedside tables, large presses, and a comfortable chair. Between each two rooms there is a bathroom with all the modern bathroom facilities. The rooms are painted in soft light colors and the floors add to the beauty of the department by their light colored rubber tile. There is nothing wanting for the sick and every Sister patient should feel bound to ask God to reward the hospital, which has provided so artistically and so up-to-date an infirmary for the sick of the Community. There are sixteen rooms besides the utility rooms. One lovely feature is the little oratory furnished with a suitable altar, artistic little Stations of the Cross; and behind the altar a beautiful rose window. The whole chapel is in very good taste and will bring much consolation to ambulant patients.

In the spring of 1959 Sister Ferdinand provided more ample quarters for the Medical Social Service Department. This department had been functioning in its original 1921 quarters on the first floor. In 1950 Sister Richard assumed charge, and under her management the department was better organized and

increased its activities beyond the most sanguine hopes of its founders. More commodious quarters have been needed for a long time. The new home of Social Service is in the south-east wing on the third floor. It consists of thirteen offices and a library-conference room, completely renovated and redecorated in cheerful colors.

July 1, 1959, at the invitations of the Most Reverend Coleman F. Carroll, Bishop of Miami and former Auxiliary Bishop of Pittsburgh, the Community assumed charge of Holy Cross Hospital at Fort Lauderdale, Florida. To staff this new hospital, the Mercy Hospital in Pittsburgh sacrificed six of its nurses: Sister M. Innocent Hughes, Superior and administrator, Sister M. Anne Regina Scherrer, Sister M. Ignatius Hickey, Sister M. Alphonsa Smith, Sister M. Gaudentia Shugar, and Sister M. Paul Francis Bren; from the admission office the hospital sacrificed Sister M. Damian Waldron. Three other Sisters make up the complete staff of Sisters: Sister M. Sebastian Phelan, first Counsellor, Sister M. Madeleva Savage, bookkeeper and housekeeper, and Sister M. Peter Nolasco Schmidt, dietitian.

Holy Cross Hospital is a new hospital built about three years ago. It is modern both in construction and equipment. It has been built on a thirteen acre plot of ground with tropical trees and other plants to delight the eye with their captivating beauty.

These Annals make no attempt to tell about the conversions to the Faith or the coming back of a lapsed Catholic, but because of her connection with our Mother Foundress, it seems fitting to tell the story of Mrs. Norma Easton. Mrs. Easton is an artist; she takes orders from art stores in Pittsburgh; in fact, she takes them from such stores all over the country. While she was in Pittsburgh in 1927 she had a severe heart attack one night in the hotel. The hotel nurse sent her to Mercy Hospital. As all the

private rooms were filled she was interned in a double room on the fifth west where Sister M. Daniel was supervisor.

For some days she was critically ill. One day she told the nurse that though she was an Episcopalian, she had always had a desire to be a Catholic. The nurse relating this to Sister Daniel; Sister communicated with Father Lackner, the Chaplain. He visited her, instructions began, and before she was discharged she was baptized. Miss Mount was her godmother. She also made her First Holy Communion in our Chapel. Later, in New York, she was confirmed with Miss Mount again as her sponsor.

One day while in the hospital she asked Sister Daniel if we had any pictures of our Foundress. When assured that we had lots of them, she asked to have one. It seems that she had been praying for the Hospital Sisters to their Foundress. When Miss Easton received a copy of the picture of Mother McAuley, she surprised Sister by saying: "This is not your Foundress. I've seen her (in my dreams). She has a much kinder face, full of mercy and compassion." After she went home, she painted Mother McAuley according to her dreams; she sent the painting to the Hospital either at the end of 1958 or early in 1959.

Mrs. Easton has joined the Legion of Mary and is doing catechetical work down in the Puerto Rican section of New York. Her zeal for making really good Catholics is truly a reproach to the lethargy and indifference of Catholics in this matter.

This administration, with which we close this story of Mercy Hospital has been one of constant movement with telling effects. It began with the modernizing of the older

sections of the hospital and followed closely, almost simultaneously with the introduction of equipment consonant with the atomic age; the very services were being modernized for in 1959 automation entered the hospital through the doors of the laboratory. A new and surprising project is in the planning for the future, namely, a Mercy Clinic at the corner of Pride & Locust Streets. It is a wise and far-sighted movement.

A glance backward over the administrations of the hospital finds every decade marked by the same purposeful resolution and action. Upon sacrifice, prayer, and hard work, the founders laid the foundation of the hospital deep and strong. Their spirit still animates Chaplains, Doctors, Sisters, Nurses, and all personnel members. It has never flagged. Yet there has been need of sacrifice and prayer all along the road down the century. The hospital has passed many a crisis, but God in His Providence, raised up a James P. Barr, a William Thaw, a Henry C. Frick, and a host of benefactors to carry the hospital through to safety. Many threatening Gordian knots may lie in the future, but the same Divine Providence will never fail as long as His work is done and His law is kept in Mercy's service to humanity.

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(I am indebted to many hospital Sisters and some
of our senior Sisters for much information)

House of Industry
Allegheny City
April 3, 1875

Dear Doctor McMeal:

Your letter came to hand some days since. I have complied with your request though indeed I would prefer aiding you in some other way. The task of introducing you to the Sisters of Memphis has been a very sad one to me, as it will involve your withdrawal from our midst. I do not know how it will be with others, but with me it is hard to part with an old friend.

Your motive however in going is one from which you could not easily desist, as the change may be of great benefit to dear Mrs. McMeal's health. Please give her and the little "darlings" my love and rest assured I shall often pray for you all.

If time permits I hope you will call before leaving. You take with you the gratitude and kind wishes of all the Sisters here. Of my own in this respect I will add-May God prosper you in all your undertakings and send you if possible kinder friends than you ever met here, though I doubt if you will ever find truer ones. I remain, dear Doctor,

Ever yours sincerely in Christ,

Sister M. Stanislaus

Mother Superior

Rome, February 7, 1870

Dear Doctor McMeal:

Your kindness to me which you have always exhibited especially at my departure compels me to show to you my gratitude by letting you know that I have not forgotten you nor your family and that my heart feels grateful for all your acts of kindness. In my hours of quietness when my thoughts wander about my home in Pittsburgh, your memory and that of your family are very pleasant to me.

My health, thanks to our dear Lord, is and has been very healthy; several of the American bishops have been unwell. Bishop Woods especially has had several attacks of bad colds. I have not been sick even for an instant, not a headache.

Since I have left home there have been eight deaths among the bishops of the Council since its opening. The last time I saw the Pope which was some days ago, he did not look so well, though of course is not sick.

On the 29th of last month the Holy Father favored the American Bishops with a visit to the American College. I was very near him for a long time while he was giving an address from his throne in the small but beautiful church attached to the American College. All the American bishops were present with a sprinkling of other nations.

After the services in the Church were over, the Holy Father, accompanied by three

Cardinals, went to the large hall of the college and all the Bishops followed him where we took some refreshments, and then Archbishop Spalding in the name of the American bishops delivered an address to the Pope to which he responded.

I wish that you and Mrs. McMeal could have been present. I hope, dear Mrs. McMeal, that your health is better now than it was last year. Thanking you again for all your kindness, I remain with much esteem and affection, your devoted

+

Michael Domenec

Bishop of Pittsburgh

(This letter was written by Bishop Domenec
when he was attending the Vatican Council.)

BISHOPS OF THE PITTSBURGH DIOCESE

The Bishops of the Diocese have all been in one way or another active and interested in the work and progress of Mercy Hospital.

Most Reverend Michael O'Connor - Founder -
August 15, 1843 - May, 1860

Most Reverend Michael Domenec,
December 9, 1860-January 11, 1876

Most Reverend John Tuigg - Former chaplain,
March 19, 1876-December 7, 1889

Most Reverend Richard Phelan - Former chaplain,
December 7, 1885-December 20, 1904

Most Reverend J.F. Regis Canevin
December 20, 1904-March 22, 1921

Most Reverend Hugh C. Boyle
June 29, 1921-December 22, 1950

Most Reverend J.F. Dearden
December 22, 1950-October 15, 1958

Most Reverend John Joseph Wright
March 18, 1959-

HOSPITAL - SISTER PERSONNEL OF OTHER YEARS

1855

Sister M. Augustine Shuck
Sister M. Anastasia Donahoe
Sister M. Martina Brady
Sister M. Teresa Burgoon
Sister M. Evangelist Kinsella, Superior

1943

The Sister Personnel numbered 61
(See "Footprints of Mercy")

1912

Sister M. Innocent Hughes, Superior
Sister M. Linus McGinness
Sister M. Lutegarde Mudres
Sister M. Boniface O'Rourke
Sister M. Dorothy Cannon
Sister M. Adelbert Considine
Sister M. Carmel O'Brien
Sister M. Renilda Hester
Sister M. Ignatius Hester
Sister M. Etheldreda Ermire
Sister M. Mechtilde Gase
Sister M. Alexia Wilbert
Sister M. Leonard Buck
Sister M. Francis de Sales Sullivan
Sister M. Celophas Naughton

THE FIRST HOUSEKEEPER ORDERS SUPPLIES

1847

- Feb. 4 - 18 nightcaps ordered for patients
- Feb. 9 - First Mexican War veteran admitted
- Feb. 12 - Purchased leeches, cupping glasses, bath bricks, and surgeon's lint.
- Sept. 9 - first daguerrotypes exhibited
- Dec. 29 - Scarlet fever - very virulent and many deaths among children

1848

- June 27 - Important bill passed both houses of Congress to prevent importation of adulterated drugs: - peruvian bark, worm-eaten rhubarb, deteriorated quinine, etc.
- May 9 - Stevenson Street hospital opened

1850-1860

- July 29, '52 - Bought sand and brick to build a bake oven; began making bread, August 30.
- 1852, July 21- Hospital Sisters began making altar breads for Cathedral, Saint Peter's, Allegheny, Saint Mary's, Webster Ave.
- 1858, Aug. 22- Benediction in hospital for the first time
- 1861, Oct. 5- Bought a melodeon for \$30.00
- 1860-Feb. 9 - First time water tax levied on hospital - \$50.00
- 1852 - Sold a cow for \$12.00
- 1853 - T. Harrison engaged to supply hospital with milk at 3¢ a quart until fodder becomes scarce
- 1853 - Commenced taking ice (May 7) for the season - $\frac{1}{2}$ peck a day at \$.06
October - paid ice bill - \$9.81
- 1859 - Ether administered for hysteria

PRICE LIST

1848 - Bought 2 little pigs for \$5.00

1851 - Bought 2 milk cows for \$36.00

1848 - 8 lbs. of steak \$.40

2 shanks - soup bones - \$.20

20 lbs. of beef - \$1.12½

1848 - Christmas

Turkeys at \$.37 apiece

Ducks at \$.27 apiece

Chickens at \$.21 apiece

(A Mr. Adler who came to hospital in 1930 told that his father slaughtered the hogs for the Sisters each year at beginning of cold weather.

A Ned Duñn had a delivery stable opposite the hospital; he kept two horses for the Sisters' use. At harvest time, they would ride out in one of his barouches over to South side and Sister Marguerite Golbach's father's farm; he would load the carriage with apples, pears, grapes and winter vegetables for the hospital.

The horses and dead wagon carried all who died in the hospital without friends to the cemetery.

MEMORANDUM

MEMORANDUM

MEMORANDUM

MEMORANDUM

MEMORANDUM

